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14. ABSTRACT
This report describes work performed during September 26, 2011 through September 30, 2012 under grant number W81XWH1120228 entitled "Applying Technology to Enhance Nursing Education in the Psychological Health and Traumatic Brain Injury Needs of Veterans and their Families". The primary accomplishments during the first year of he project were: 1: Conducted an assessment of the nursing literature and identified what evidence based nursing skills and knowledge competencies are essential in the focal areas of PTSD, TBI, depression, and suicide prevention for timely recognition, intervention, and referral of military personnel, veterans and their families; 2) Conducted a gap analysis using the project consultants and content experts who viewed the afterdeployment.org website to determine gaps in the competencies identified in the literature; 3) Finalized the PTSD and TBI curriculum framework; 5) Completed a content maps for each curriculum module; 6) Conducted a content validation using our project consultants to determine the degree of agreement between the consultants and the research. The panel of experts rated the degree that content was present to meet the competencies , and objectives of each module, and 7) Begun to recruit subjects for the usability that will be conducted by the T2 Madigan staff in their usability lab.

15. SUBJECT TERMS- PTSD, TBI, Nurses, On-line education, Military, Assessment, Patient Education, Veterans

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Introduction

This report describes work performed during September 26th, 2011 through September 31st, 2012 under grant number W81XWH1120228 entitled "**Applying Technology to Enhance Nursing Education in the Psychological Health and Traumatic Brain Injury Needs of Veterans and their Families".** The primary goal of this proposal deals with identifying gaps in the current knowledge base of nurses regarding knowledge and skill competencies needed for the timely recognition, intervention, and referral of appropriate medical treatment for veterans and military personnel suffering from PTSD and TBI. A secondary goal focuses on the development of content for the web-based, post deployment and military specific educational modules intended to prepare nurses for the identification and initiation of mental health interventions or timely specialist referrals for military personnel, veterans and their families based on the results of a comprehensive mental health/trauma "gap analysis". Our primary objectives for this first year included:1): Conducting an assessment of the nursing literature to determine what evidence based nursing skills and knowledge competencies are essential in the focal areas of PTSD, TBI, depression, and suicide prevention for timely recognition, intervention, and referral of military personnel, veterans and their families; 2) Conducting a gap analysis using the project consultants and content experts who viewed the afterdeployment.org website to determine gaps in the competencies identified in objective 1 and 3) develop content maps (paper prototypes) that will be used to convert the text from the content maps into storyboards that would then be converted to HTML format for integration into the afterdeployment.org website.

BODY

This report will outline how the objectives of the statement of work for Year 1 were achieved and how this project also exceeded the statement of work proposed for this period.

1. Hire project personnel:
This project hired a research coordinator, a budget manager, 4 graduate student research assistants and 4 undergraduate student research assistants.

2. Conduct two site visits with content experts and consultants:
Two site visits with project consultants were conducted in February and September 2012. The purpose of these two site visits was to conduct the gap analysis during the February visit and review of the content maps during the September visit.

3. Conduct a systematic assessment of the literature and existing inservice education for nurses employed within military settings to determine what evidence based nursing skills and knowledge competencies are essential in the topic areas of PTSD and TBI. The project developed an electronic body of literature library on PTSD and TBI (See Appendix A for a catalogue of the major citations for the focal area of TBI and PTSD).

4. Develop a framework focused on the mental health competencies (evidenced based knowledge, skills and interventions) specific to nurses working in military and/or civilian settings who care for military personnel. A framework that includes 11 modules was developed that includes the mental health competencies that nurses will need in the focal areas of PTSD, TBI, depression, and suicide prevention for timely recognition, intervention, and referral of military personnel, veterans and their families (See Appendix D for copy of the curriculum framework).

5. Identify objectives for the development of the nursing competencies for each educational module: Developed and finalized the nursing competencies and objectives. See Appendix C for the nursing competencies developed for all of the 11 educational modules.

6. Conduct a gap/discrepancy analysis with project consultants and content experts who will view the afterdeployment.org website content on PTSD and TBI to determine the gaps in nursing knowledge and skill competencies: An extensive review of the afterdeployment.org website was conducted by the research team and consultants to determine what content related to the goals, competencies and objectives specific to nursing were present or absent on major websites related to PTSD/TBI including the afterdeployment.org website. This analysis informed the development of the content to fill in the gaps not present on the major websites and the afterdeployment.org website. The research team from the Department of Defense's National Center for Telehealth and Technology (T2) worked together with Seattle University to form a collaborative team dedicated to evaluating existing curricula, identifying gaps, and recommending educational content (See Appendix B for the Executive Summary of the Gap Analysis with graphs).

7. **Begin revising content for the PTSD and TBI modules based on the gap analysis that will be used in the randomized pilot in year 2** by utilizing content experts and consultants in the areas of instructional design and standardized patient assessments. During the second on-site visit with the project consultants in September 2012, a review of the content maps was done to endure what content was not present or only partially present for all the educational modules. Based on that content review and the feedback received from our consultants, we revised the content for all 11 modules. (See Appendix E for Examples of the Military Culture and the PTSD assessment module content maps).

In summary: The project accomplished all required objectives identified in the first year statement of work. Future work and recommended changes for year 2 of the project are based on the project instructional design consultant's advice on how we should move the project forward. Our instructional design consultant (Dr. Carol Washburn) advised that conducting usability testing and pilot testing on paper prototypes would be difficult to accomplish. Therefore, the project plans to meet all the objectives for the statement of work for year two with some modified changes, as well as completing the additional objectives.

The objectives we wish to modify:
Objective # 2 which states "Finalize the content and the standardized patient assessment (SPA) scripts for the PTSD and TBI modules based on the outcomes of the gap/discrepancy analysis".

To Read "Finalize the content and the patient/nurse/military personnel and their family video and audio scripts for the PTSD and TBI modules based on the outcomes of the gap/discrepancy analysis".

The difference between these objectives is that we will not be using trained actors in the development of the standardized scripts for the educational modules. We believe the development of standardized patient scripts would be more appropriate in the next phase during the refinement of the original modules.

Objectives # 8, 9, and 10.

Change:
"Conduct low fidelity (paper prototyping) iterative/usability testing to identify gaps in information, assess user reaction to design issues, and test the navigation elements of the proposed modules".

"Create the prototype, design some tasks, recruit users (n=17), conduct the evaluation of the prototype and analyze the results".

"Refine the paper and web prototypes and repeat the above process with other participants".

To Read:
"Conduct high fidelity (web prototyping) iterative/usability testing on 2 modules to identify gaps in information, assess user reaction to design issues, and test the navigation elements of the proposed modules".

"Create the prototype, design some tasks, recruit users (n=9), conduct the evaluation of the prototype and analyze the results".

"Refine the paper and web prototypes and repeat the above process with other participants".

Our intent is to have all the paper prototypes of the 11 PTSD and TBI modules finalized by the end of the second year of the award period. We propose an additional objective for this project be added to the statement of work which would be: convert 5 of the 11 paper modules into a web based platform for pilot testing versus the originally proposed paper prototype format. We will be able to accomplish this additional objective by hiring more students to do the web design and programming. In addition, the Telehealth and Technology (T2) Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE) Center has agreed to assist us in conducting the usability testing at Madigan. They have also agreed to assist us in conducting the web-based pilot testing of the 5 educational modules during the 2nd year of the project. (See Appendix for F for proposed revised Statement of Work for year 2). Since the focus of the project has shifted our financial expenditures have been directed towards the areas of student salaries and the purchase of additional equipment. However, consultant expenses are lower than anticipated. Budget adjustments related to these changes will be submitted in the first quarter of fiscal year two.

KEY RESEARCH ACCOMPLISHMENTS

- Wrote job descriptions for all research roles.

- Submitted for and obtained IRB approval for the first phase of the project regarding a needs assessment/literature review.
- Hired all research team positions and established organizational procedures; such as developing a financial accountability system, and purchasing all equipment and supplies.
- Conducted a systematic assessment of the literature to determine what evidence based nursing skills and knowledge competencies are essential in the topic areas of PTSD and TBI.
- Finalized the main educational domains that will serve as the models for the content maps.
- Conducted two site visits with expert consultants.
- Conducted gap analysis with the research team, consultants and T2 staff.
- Completed the Executive Summary of the gap analysis findings.
- Finalized competencies and objectives for each module for both PTSD and TBI that will guide content mapping. Identified topic areas (specific training) and how the objectives within the topic areas will meet the identified competencies.
- Developed Key Concepts (Content Mapping Outline).
- Completed the first draft of all content maps outlines.
- Completed the first draft of the content maps to support the objectives and competencies of the 11 modules.
- Collaborated with the T2 staff about the plan to conduct usability testing using the T2 testing facility at Madigan during 1st quarter FY 13.
- Began recruitment for the usability study
- Began development of a project site webpage for the purposes of providing information about the project, up to date reading literature, and recruitment of subjects for the pilot and usability studies.
- Began converting paper text to HTML format for the PTSD Assessment and Military Culture Modules.

REPORTABLE OUTCOMES

- Developed an electronic body of literature library on PTSD and TBI (see Appendix A for a catalogue of the major citations for the focal area of TBI and PTSD).

- Identified the 11 key educational domains in which the nursing competencies will be developed.

- Finalized an MOU with the research team from the Department of Defense's National Center for Telehealth and Technology (T2) Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE).

- Met with the T2 personnel to evaluate the technological options, porthole and website where the content developed as a result of this project may ultimately be hosted in partnership with T2.
- Conducted two site visits with content experts and consultants.

- Completed an Executive Summary of the gap analysis conducted regarding existing content geared to providers on the afterdeployment.org website to determine which content is applicable to nurses in both military and civilian settings.

- Finalized a framework of 11 educational modules (domains) for content areas focused on the mental health competencies (evidenced based knowledge, skills and interventions) specific to nurses working in military and/or civilian settings who care for military personnel.

- Finalized the goals, objectives, and competencies for each of the 11 educational modules (domains).

- Completed the first draft of the 11 content maps for our educational modules.

- Converted 3 of our 11 educational modules from text to powerpoint (storyboards). See Appendix G: Storyboard Example of the PTSD Assessment Module

- Began converting two of our storyboards into HTML web format. (See Appendix H for a draft of the HTML formatting of the PTSD Patient Assessment Module).

CONCLUSIONS

The project accomplished all required objectives identified in the first year statement of work. In addition, future work and recommended changes for year 2 have been made under the body section of this report. Please see a revised statement of work (Appendix F). The key issue being addressed in this project is the lack of adequately trained Registered Nurses in Military Behavioral Health Care Issues. The project has major implications because it supports First Lady Michelle Obama's initiative to further educate our nation's 3 million nurses so they are prepared to meet the unique health care needs of service members, veterans, and their families who served in the Iraq and Afghan Wars.

- Over 3 million registered nurses in the US are employed in a variety of settings. Registered Nurses have been identified as the first and most trusted individualsthat military personnel and Veterans encounter when seeking health care.
- The education of registered nurses makes the importance of this project key to developing a healthcare safety net for the early recognition, timely intervention, and prompt referral of service members with TBI or PTSD.
- Continued support from the DOD provides the best avenue to access and educate these 3 million nurses throughout the US with the continuing development of an on-line course specifically designed for nurses, by nurses, to address the healthcare needs of service members. No other on-line course dedicated to the stated goals of this project exists.

So what are the short and long term benefits and of these 11 educational modules For increasing nursing education regarding TBI and PTSD?

The second year of the project will address the short term benefit of this intervention to determine if exposure to this intervention results in improved knowledge through a pilot evaluation. Effectiveness of the intervention under development, however, will need to target a generalizable study population to evaluate the short and long-term effectiveness and sustainability of the 11 module web-based educational intervention for nurses. Once generalizability has been established, steps can taken to explore adaptability into military (VA and DOD facilities) and civilian facilities throughout the US.

REFERENCES

First Quarter FY 12

Here is a list of the major articles with annotations that have contributed significantly to the development of the major domains and content headings in the areas of TBI and PTSD.

PTSD references

1. Cabacungan C. Nursing considerations of combat veterans with post traumatic stress disorder. Med-Surg Matters, 2010 March 29; 19 (2): 3-5.

This article discusses nursing interventions applicable to Medical Surgical nursing practice while caring for patients with PTSD. Also discusses current research in the area of nursing and other related fields.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010652432&site=ehost-live

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2. Neason K. PTSD: Help patients break free. RN, 2006 Oct 1l; 69 (10): 30-5.

An article outlining the basic terms that nurses should be familiar with while working with patients who could be showing symptoms of PTSD in an inpatient setting. This article is particularly relevant because it is written by a nurse and gives specific examples of how to approach a patient with PTSD who is having a flashback, how to provide resources to a patient, and how to wake a patient with PTSD.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com.proxy.seattleu.edu/login.aspx?direct=true&

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3. Feliciano M. An overview of PTSD for the adult primary care provider. J of Nurse Pract. 2009 Aug; 5(7): 516-22.

This article provides an overview of PTSD for the adult primary care provider. This article includes clear and concise presentations of diagnostic criteria, clinical presentations, and co morbidities. Of particular interest is the section focusing on mechanisms to improve PTSD diagnosis. There is discussion of possible presentations (somatic) a nurse may be presented with and could potentially help prompt the clinician to include PTSD in the differential diagnosis. In addition, the presentation of which tests and screening tools need specialized training is outlined very clearly.

http://download.journals.elsevierhealth.com/pdfs/journals/15554155/PIIS1555415508006648.pdf

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4. Fitzgerald C. Improving nurse practitioner assessment of woman veterans. Journal Am Acad Nurse Pract. 2010 Aug; 22(7): 339-45.

Overview of assessments nurse practitioners can use while working with woman veterans who have PTSD. Specifically outlines PTSD, TBI and MST screening tools. There is a table reviewing screening tools and example questions that may be asked for screening for TBI.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com.proxy.seattleu.edu/login.aspx?direct=true&db=rzh&AN=2010704335&site=ehost-live

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5. Valente S. Evaluating and managing adult PTSD in primary care. Nurse Pract. 2010 Aug; 35(11): 41-7.

Article explaining screening, assessment, and diagnosis and treatment options for PTSD based on information provided at National Center for PTSD. This article outlines the pathophysiology, and assessments needed to diagnose PTSD. There are tables with diagnostic criteria as well tables with common therapies used to treat PTSD.

http://search.ebscohost.com.proxy.healwa.org/login.aspx?direct=true&db=mnh&AN=20975449&site=ehost-live

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6. Jones K, Young T, Leppma M. Mild traumatic brain injury and posttraumatic stress disorder in returning Iraq and Afghanistan war veterans: implications for assessment and diagnosis. J of Counsel & Dev. 2010 Summer; 88(3): 372-76.

This article discusses both signs and symptoms of PTSD in order to assess PTSD and TBI and make accurate diagnoses in mental health professionals. Includes a chart with overlapping symptoms of PTSD and TBI as well as a list of questions to ask the patient and/or the family while looking for signs of TBI or PTSD.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com.proxy.seattleu.edu/login.aspx?direct=true&db=sih&AN=52425749&site=ehost-live

TBI References

1. American Association of Neuroscience Nurses (AANN) and American Rehabilitation Nurses (ARN). Care of the patient with mild traumatic brain injury: Clinical practice guideline series (2011):

This Guideline provides recommendations based on current evidence that will help registered nurses, advanced practice nurses, and institutions provide safe and effective care to injured patients with a mild traumatic brain injury (MTBI). The goal of this guideline is to offer evidence-based recommendations on nursing activities that have the potential to maximize outcomes for persons following a mild traumatic brain injury.

http://www.rehabnurse.org/uploads/files/cpgmtbi.pdf

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2. Torrence C, DeCristofaro C, Elliott L. Empowering the primary care provider to optimally manage mild traumatic brain injury. Journal Am Acad Nurse Pract. 2011 Dec; 23(12):638-647.

From December 2011, provides current evidence-based information regarding management of mTBI for primary care providers, based on review of evidenced-based literature. Provides outlines of screening, diagnosis, treatment and referrals.

http://onlinelibrary.wiley.com.proxy.seattleu.edu/doi/10.1111/j.1745-7599.2011.00658.x/pdf

3. Valente S, Fisher D. Traumatic Brain Injury. J Nurse Pract. 2011 Nov; 7(10): 863-870.

From the Journal for Nurse Practitioners, this guideline provides a comprehensive overview for NPs on pathophysiology, signs/symptoms, assessment, differential diagnosis, treatment, rehab, education and CBT in patients with TBI (not specific to veteran/military populations).

http://download.journals.elsevierhealth.com/pdfs/journals/1555-4155/PIIS155541551100482X.pdf

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4. Martin E, Lu W, Helmick K, French L, Warden, D. Traumatic brain injuries sustained in the Afghanistan and Iraq wars. Am J of Nurs. 2008 Apr; 15(3): 94-101.

An illustration of the nurses role in recognizing symptoms of undiagnosed traumatic brain injury. Includes screening tools, current (as of 2008) screening and assessment practices and case studies.

http://download.journals.elsevierhealth.com/pdfs/journals/1555-4155/PIIS155541551100482X.pdf

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5. Halbauer J, Ashford J, Zeitzer J, Adamson M, Lew H, Yesavage J. Neuropsychiatric diagnosis and management of chronic sequelae of war-related mild to moderate traumatic brain injury. J Rehab Res & Dev. 2009; 46(6): 757-795.

Talks about sequelae of TBI as related to diagnosis and treatment. Outlines 3 main changes in pts with TBI: mild neurocognitive impairment, personality disorder & postconcussive disorder. Includes a chart with clusters of neuropsychiatric symptoms of TBI that are likely to be encountered in a clinical setting.

http://search.ebscohost.com.proxy.heal-wa.org/login.aspx?direct=true&db=c8h&AN=2010544752&site=ehost-live

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6. Jeffreys M, Leibowitz R, Finley E, Arar N. Trauma disclosure to health care professionals by veterans: clinical implications. Mil Med. 2010 Oct; 175(10):

Looked at 56 vets who reported either disclosing or not disclosing history of trauma to primary care providers, & reasons for both. Found several communication styles as well as provider characteristics that encourage disclosure (e.g. less formal approach, concern & compassion, not rushing, direct approach, cultural similarity, professional competence, non-judgmental attitude, etc.).

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com.proxy.seattleu.edu/login.aspx?direct=true&db=a9h&AN=54353619&site=ehost-live

Second Quarter FY 12

1. Kitson A. Straus SE. The knowledge-to-action cycle: identifying the gaps. CMAJ. 2010 Feb 9;182(2):E73-7. PubMed PMID: 19948812. [PubMed - indexed for MEDLINE]; PubMed Central PMCID: PMC2817340.

2. Reaves EJ. Schor KW. Burkle FM Jr. Implementation of evidence-based humanitarian programs in military-led missions: part I. Qualitative gap analysis of current military and international aid programs. Disaster Med Public Health Prep. 2008 Dec;2(4):230-6.

3. Anderson L. & Krathwohl, DA. *Taxonomy for Learning, Teaching and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives* (2001) New York: Longman

4. Chamberlin J. Who put the art in SMART goals. Manag Services. 2011, 55 (3). p22-27

5. Emmott M. SMART objectives. People Manag 2008 April 14(8). 62-63

APPENDIX B Executive Summary of Gap Analysis

Seattle University College of Nursing
"Applying Technology to Enhance Nursing Education in the Psychological Health And Traumatic Brain Injury Needs of Veterans and their Families"
Executive Summary of Gap Analysis
April 6, 2012

This is an executive summary of the process and results of a gap analysis conducted to evaluate educational resources on the "afterdeployment.org" website in order to determine the applicability and accessibility of these resources for the education of registered nurses. This gap analysis was undertaken as part of a Seattle University College of Nursing research project funded by the Department of Defense (Grant W81XWH1120228) titled, "*Applying Technology to Enhance Nursing Education in the Psychological Health and Traumatic Brain Injury Needs of Veterans and their Families*". The primary aim of the research project is to assess gaps in existing educational materials for nurses and develop curricula to prepare nursing students and practicing registered nurses for timely recognition, early intervention, and prompt referral of veterans and military service members who suffer from Post Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI). The secondary aim of this project is to develop content for web-based, military specific nursing education modules that will fill existing educational gaps and address the need for an educated registered nurse workforce capable of providing evidence-based care for military service members with PTSD and TBI and their families.

The creation of "afterdeployment.org" is a Defense Centers of Excellence project led by the National Center for Telehealth and Technology (T2) located at Joint Base Lewis McChord in Washington. This website is a well-recognized and highly utilized interactive resource for soldiers, families, healthcare providers, and the public, offering a wealth of information about the mental health needs of military service members and their families. Collaboration with T2 and their support for this gap analysis and the potential dissemination of educational modules on PTSD and TBI for registered nurses is central to the achievement of the aims of this research project. T2's collaboration with our research team is

consistent with their mission and objectives, including the objective "to obtain resources necessary to develop new (web-based) programs on an as needed basis." With the endorsement of T2, a three phase process culminating in a gap analysis of educational resources on the afterdeployment.org website was conducted between November 2011 and February 2012.

PROCESS OF THE GAP ANALYSIS

A three phase process was used to analyze existing educational resources on PSTD and TBI for registered nurses. In each phase, a team of content experts served as consultants and provided feedback on the materials and processes of the research team.

Phase 1: Literature Review (November 1-December 31, 2011).

A review of published literature was completed by the research team between November 1 and December 31, 2011. Search terms used for the retrieval of relevant literature for this project included: PTSD, TBI, nurse, assessment, screening, diagnosis, intervention, veteran and primary care. Retrieved literature was annotated and content domains were extracted to provide a framework for identifying nursing competencies for evidence-based care of service members with PTSD and TBI in military and civilian settings. Extracted content domains were sent to the team of project consultants and their feedback resulted in the identification of 11 content domains.

Phase 2: Drafting Goals, Competencies, and Objectives (January 1- February 1, 2012).

Using the 11 content domains from Phase 1, goals, competencies and objectives specific to the education of nurses were drafted. Definitions of these curricular terms are as follows:

Goal: An overarching description of desired learning outcomes.
Competency: The knowledge, behaviors, and skills necessary to successfully achieve a goal.
Objective: A measurable description of knowledge, behaviors, or skills necessary to achieve learning outcomes and demonstrate a competency.

Project consultants reviewed the goals, competencies, and objectives and provided feedback for refinement. To further confirm the inclusion of essential content domains, goals, and objectives, a web search was conducted. Websites selected for review met the following criteria: (a) included learning modules directed at providers, (b) had relevancy to military personnel, and (c) incorporated comprehensive content on TBI and/or PTSD. The following websites were reviewed:

1. www.ptsd.va.gov Department of Veteran Affairs
2. http://deploymentpsych.org/ Center for Deployment Psychology
3. http://www.dvbic.org/ Defense and Veteran Brain Injury Center
4. http://www.biansw.org.au/ NSW Brain Injury (BIRD)
5. https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/civilian_login.jsp Military Health System Portal
6. http://www.dcoe.health.mil/ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

The goals, competencies and objectives identified in this phase served as criteria for conducting the gap analysis. The number of goals, competencies, and objectives identified in each focal area of PTSD and TBI are listed below. (See Appendix for overview of the findings from the gap analysis.)

PTSD	TBI
18 goals	17 goals
47 competencies	45 competencies
97 objectives	112 objectives

155 total curricular elements 174 total curricular elements

Phase 3: Gap Analysis (February 1 – February 23, 2012).

The gap analysis involved an extensive review of the afterdeployment.org website to determine if content related to the goals, competencies and objectives specific to nursing were present on, or linked to, the afterdeployment.org website. The team focused first on the provider tab of the website, which often led back to service member resources or to external websites. The gap analysis specifically evaluated how applicable and accessible the information was for registered nurses. The gap analysis conducted by the research team was validated through an independent gap analysis conducted by the team of project consultants on February 22 and 23, 2012.

RESULTS OF GAP ANALYSIS

Among the 155 total curricular elements that served as criteria for the PTSD gap analysis, 81 gaps in educational materials for registered nurses were identified by the research team. Among the 174 total curricular elements that served as criteria for the TBI gap analysis, 92 gaps in educational materials for registered nurses were identified by the research team. Of the represented totals, the consultants agreed with 92% of the PTSD gaps identified by the research team, and 97% of the TBI gaps identified by the research team resulting in an inter-rater agreement of 0.95.

Discrepancies between findings of the research team and the consultants were examined to illuminate the basis for these discrepancies. Feedback from consultants that related to specific wording or completeness of gap analysis criteria (goals, competencies, objectives) and/or consultant suggestions for additional content to be included in the curriculum will be addressed during the content mapping phase of the project.

Conclusions

- While numerous health professional resources on PTSD and TBI are available and linked from the afterdeployment.org website, these resources are not presented in a curricular format that guides learners through a stepwise or sequential process of knowledge development.
- In general, many resources on afterdeployment.org are applicable to service members and the education of healthcare professionals. Additional educational materials are needed to address the knowledge and hands-on skills and approaches unique to nursing. Gaps identified through this process will assist the research team to develop web-based curricula specific for the education of registered nurses who care for service members with PTSD and/or TBI and their families.

Next Steps

a. Revision of objectives into S.M.A.R.T (Specific, Measurable, Attainable, Relevant, Timely) format (Doran, G., 1981). Anticipated completion May 1, 2012.
b. Identify topic areas (specific training) under each content domain and how these objectives will meet identified competencies. Anticipated completion June 1, 2012.
c. Develop key concepts (content mapping). Anticipated completion June, 2012.
d. Begin building first level content for each domain. Anticipated completion, mid-September 2012.
e. Assign a consultant to each content area to evaluate the completeness of content.

Table 1
Total Number of Goals Competencies and Objectives validated by the Consultants for PTSD

PTSD DOMAINS	Total # of goals, competencies, objectives	# Validated by Project Consultants	% Agreement
1 Assessment of PTSD	13	13	100%
2 Assessment of PTSD shared with TBI	13	12	92%
3 Basic Overview of PTSD	10	8	80%
4 Diagnostics	18	18	100%
5 Interventions	19	15	79%
6 Cultural Competence	18	18	100%
7 Communication	24	24	100%
8 Military Culture	12	12	100%
9 Resources for RN to give to Patient	6	6	100%
10 Patient and Family Education	18	15	83%
11 Referrals	11	11	100%

Table 2
Total Number of Goals Competencies and Objectives validated by the Consultants for TBI

TBI DOMAINS	Total # of goals, competencies, objectives	# Validated by Project Consultants	% Agreement
1 – Assessment (TBI)	16	14	88%
2 – Assessment (Shared)	14	14	100%
3 – Basic Overview	10	9	90%
4 – Diagnostics	18	18	100%
5 – Interventions	18	18	100%
6 – Cultural Competence	15	15	100%
7 – Communication	30	30	100%
8 – Military Culture	12	12	100%
9 – Resources	6	6	100%
10 – Patient/Family Education	22	21	95%
11 – Referrals	13	11	85%

Figure 1 Frequency of Total Gaps Identified

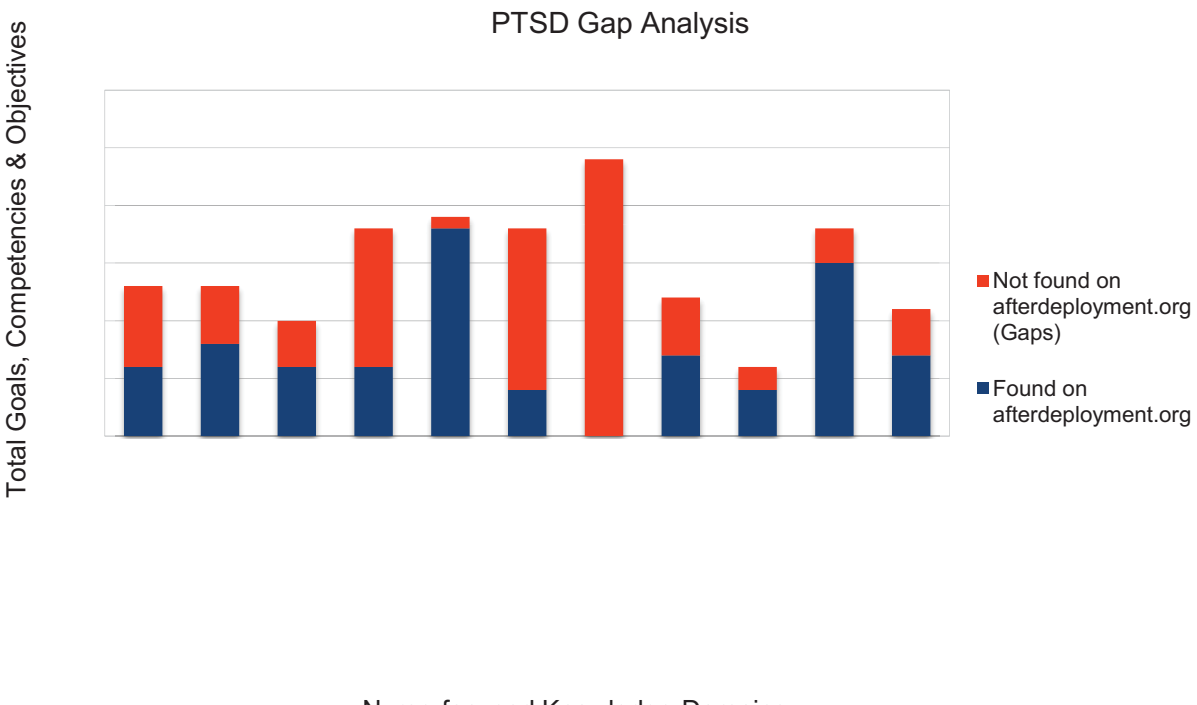
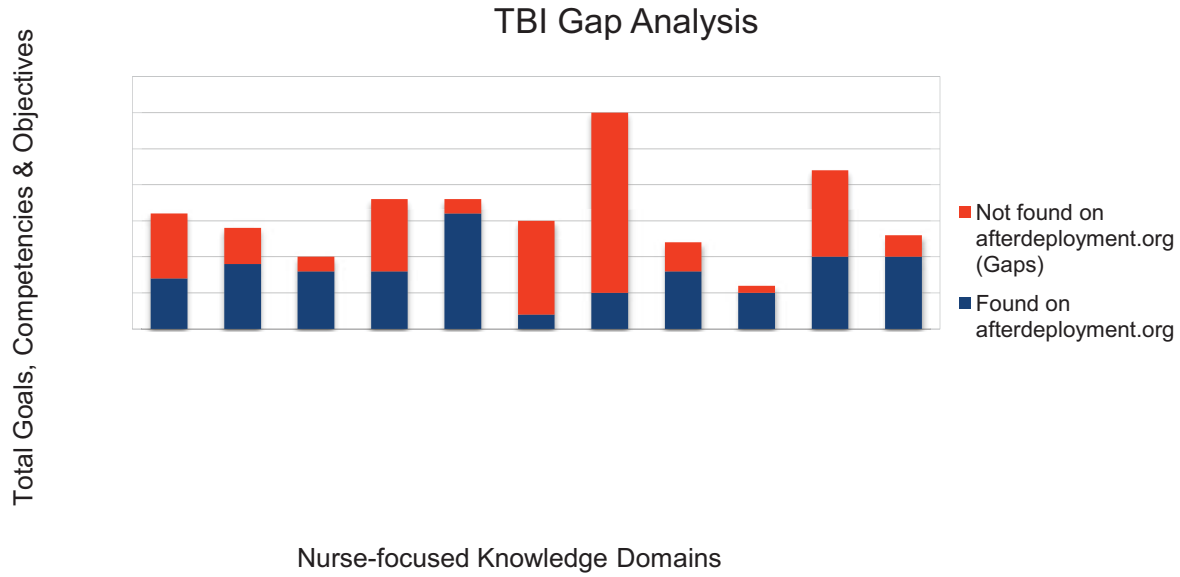


Figure 2 Frequency of Total Gaps Identified



Appendix 1

Gaps Identified on afterdeployment.org for TBI (consultant discrepancies in bold)

1 – Assessment (TBI)

5. Objective 1.1.1. Identify 2 preliminary questions to ascertain if a service member has a history of head trauma
6. Competency 2.1: The nurse effectively incorporates general TBI screening questions into the health history interview or examination.
7. Objective 2.1.1. Identify questions that screen for 5 general categories of symptoms associated with TBI.
8. **Objective 2.2.1.** ***Identify distinguishing characteristics of various types of headaches: migraine, tension, neuralgic, and cluster headaches.*** **(changed from "partial" to "present")**
9. **Competency 2.3:** ***The nurse effectively incorporates screening for alteration of consciousness (AOC) in health history interviews and examinations.*** **(changed from "partial" to "present")**
10. Objective 2.3.2. Score eye opening responses, verbal responses, and motor responses based on the Glasgow Coma Scale.
11. Objective 2.3.3. Match Glasgow Coma Scale total scores with head injury severity.
12. Competency 2.4: The nurse effectively incorporates questions about pain and level of pain intensity in health history interviews and examinations.
13. Objective 2.4.1. Identify levels of pain on a numeric pain rating scale from 0 (no pain) to 10 (severe pain) to pain assessment
14. Competency 2.5: The nurse's approach to physical assessments and physical procedures is modified to reduce or avert discomfort in service members with noise and light intolerance related to TBI.
15. Objective 2.5.1: Given a positive history of head trauma and/or symptoms of TBI, the nurse modifies the environment and approach to assessment to avert or reduce discomfort associated with heightened noise and light intolerance.

2 – Assessment (Shared)

7. Goal 4: Nurses will know mandatory reporting requirements and recognize when to utilize reporting protocols for crimes or reportable incidents occurring on base versus off base.
8. Competency 4.1: When reportable incidents are disclosed or signs/symptoms of reportable injuries are observed during an interview or examination with a service member or his/her family members, the nurse will fulfill mandatory reporting requirements using appropriate reporting protocols.
9. Objective 4.1.1. Identify mandatory reporting laws that apply to nurses.
10. Objective 4.1.2. Identify types of incidents and injury assessments that necessitate mandatory reporting.
11. Objective 4.1.3. Select the appropriate mandatory reporting protocol for incidents or injuries occurring on base versus off base.

3 – Basic Overview

- Objective 1.1.2. Nurse can identify general prevalence and causes of TBI in returning

service members and greater U.S. population

- **Objective 1.2.1.** ***Define terms related to TBI etiology***
- Objective 1.2.2. Identify basic structural regions of the brain and their function

4 – Diagnostics

f. Objective 1.2.1: A nurse will match signs or symptoms associated with the use of diagnostics related to TBI.
g. Competency 1.3: Nurse will recognize the time and preparation needed to prepare for a diagnostic study related to TBI.
h. Objective 1.3.1: A nurse will be able to list necessary preparation for each diagnostic tool related to TBI.
i. Competency 1.4: Nurse will understand necessary patient education to prepare patients for diagnostic procedures.
j. Objective 1.4.1: Given a list of diagnostic tools, a nurse will be able to match education to diagnostic tool.
k. Objective 2.2.1: Nurse will list signs or symptoms associated with use of diagnostics related to TBI.
l. Competency 2.3: Nurse will recognize the time and preparation needed to prepare for a diagnostic study related to comorbid conditions associated with TBI.
m. Objective 2.3.1: A nurse will identify the necessary preparation for diagnostic tools related to TBI.
n. Competency 2.4: Nurse will demonstrate understanding of necessary patient education involved in diagnostic procedures.
o. Objective 2.4.1: Given a list of diagnostic tools, a nurse will be able to match patient education associated with each diagnostic tool.

5 – Interventions

1. Objective 1.2.1: Nurse will describe purpose of pharmacological interventions utilized related to TBI symptoms.
2. Objective 1.3.1: Nurse will describe purpose of non-pharmacological pharmacological interventions utilized related to TBI.

6 – Cultural Competency

1. Goal 1.: Understand the different factors influencing treatment of TBI in different ethnicities, sexual orientations and genders
2. Competency 1.1: Nurse recognizes different ways women and men might present, develop, interpret and discuss symptoms.
3. Objective 1.1.1: Nurse identifies most common co-occurring disorders in TBI in men and women.
4. Objective 1.1.2: Nurse identifies factors affecting therapeutic relationship in men and women
5. Competency 1.2: Nurse recognizes challenges specific to elderly patients with TBI
6. Objective 1.2.1: Nurse identifies differential diagnoses for TBI in elderly populations
7. Objective 1.2.2: Nurse identifies need to screen for depression in elderly populations
8. Objective 1.2.3: Nurse can list three difference in TBI presentation in elderly populations
9. Objective 1.3.2: Nurse identifies questions used for screening of cultural factors

10. Competency 2.1: Nurse recognizes the current benefits and challenges of openly gay service members
11. Objective 2.1.1: Nurse will list differences in benefits and rights available for openly gay veterans
12. Objective 2.1.2: Nurse will list common challenges and concerns of gay service members
13. Objective 2.1.3: Given an encounter with a gay service member, the nurse will select the most supportive response.

7 – Communication

1. Competency 1.2 Nurse can incorporate knowledge of military culture into communication with veterans.
2. Objective 1.2.1. Nurse can identify appropriate communication techniques for TBI patients
3. Objective 1.2.2. Given visual prompts, rank non-verbal communication techniques to use with patients with TBI.
4. Objective 2.1.1. Given a list of communication techniques, identify those that can be used to enhance a therapeutic relationship.
5. Objective 2.1.2. "Given a list, select three techniques that will facilitate comprehension in a TBI patient with cognitive difficulties
6. Objective 2.1.3. Identify common non-verbal signs of frustration or lack of comprehension in a TBI patient
7. Objective 2.1.4. Identify characteristics most likely to affect communication with a veteran or service member.
8. Objective 2.1.5 Nurse will be able to identify 5 common barriers to establishing a trusting nurse-patient therapeutic relationship with military populations
9. Objective 2.1.6 . Select communication responses that convey active listening.
10. Objective 2.1.7 1. Select verbal and nonverbal strategies that promote trust and rapport.
11. Objective 2.1.8 Given a list, select the verbal communication skills most likely to reduce stigma.
12. Objective 2.1.9 Given a list, select the verbal communication skills most likely to encourage participation in treatment.
13. Objective 2.1.10 the Nurse understands the difference between safe disclosure, and problematic disclosure.
14. Objective 2.1.11 Nurse knows how to handle disclosure when a Vet is determined to disclose
15. Goal 3: Encourage Disclosure of Trauma Experienced by Veterans.
16. Competency 3.1: Use motivational interviewing (MI) techniques to encourage disclosure in patients with TBI.
17. Objective 3.1.1 Given a patient, use skills and strategies of MI to elicit change talk..
18. Objective 3.1.2. Given the 15cronym OARS, identify how each component is central to MI
19. Objective 3.1.3 Describe the three components of MI
20. Objective 3.1.4 Describe the principles of MI
21. Objective 3.1.5 Nurse can describe the barriers to using MI with patients with TBI
22. Competency 4.1: The nurse will be able to understand communication problems that may result following a traumatic brain injury (TBI), as well as strategies for dealing with

some of these deficits.

23. Objective 4.1.2. identify communication problems that result from damage to the communication areas of the brain as a result of sustaining a TBI
24. Objective 4.1.3 identify possible strategies for dealing with communication problems resulting from TBI
25. Objective 4.1.4 Identify how the behavior of a person with impaired cognitive functions might be misunderstood or misinterpreted by other people

8 – Military Culture

1. Objective 1.1.1. Given a scenario, nurse will select effective communication techniques for veteran populations
2. Objective 1.1.3: Nurse will identify clinical behaviors that may facilitate or interfere with patient relationship in veteran populations
3. Objective 1.1.5: Nurse will list strategies for screening of TBI with consideration for military culture
4. Objective 1.1.8: Identify available medical benefits among to veterans and families of veterans vary.

9 – Resources

1. Competency 1.1: Nurse recognizes when to refer patient to outside resources and can provide appropriate resource for patient and family.

10 – Patient and Family Education

1. Objective 1.1.1: The nurse will identify ways to prevent secondary injury, explain symptoms, and treatments in language the patient and families can understand.
2. Competency 1.2: The nurse can provide succinct information on TBI to family in layperson's language including causes, symptoms, challenges and treatment
3. Objective 1.2.1: Given a description of a patient, the nurse is able to recognize the level of TBI and use appropriate language to explain to the patient and family.
4. Competency 1.3: The nurse will be able to tailor information on TBI to patient and family in consideration of cognitive deficits or communication barriers including causes, symptoms, challenges and treatment
5. Objective 1.3.1. The nurse will identify appropriate methods of communication to convey information to TBI patients and family members
6. Objective 1.3.2: The nurse will identify barriers to TBI patient and family, education and techniques for overcoming barriers
7. **Objective 1.3.3: The nurse will be able to list three common causes of TBI in veterans in order to explain to the patient and family.**
8. Objective 1.3.7: The nurse will be able to describe common treatments for TBI.
9. Objective 1.3.9: The nurse will be able to list common misconceptions about TBI recovery expectations.
10. Objective 1.3.10: The nurse will provide 3 recommendations for families in supporting a veteran family member with TBI
11. Objective 1.3.11: The nurse will be able to identify strategies for prevention of secondary TBI to patients and families
12. Objective 1.3.12: The nurse will list various ways of communication of information to

TBI patients and family members

13. Objective 1.4.3: The nurse will identify teaching opportunities in order to help educate family members about TBI.

11 – Referrals

1. Objective 1.1.3. Nurse can describe the 5 major factors that can cause military personnel to not follow up
2. **Objective 1.1.4. Nurse can select the appropriate referral for a cognitive versus a behavioral versus an adjustment problem (changed to "partial")**
3. Competency 1.5 Nurse recognizes and identifies appropriate referral or consultation process needed for TBI.
4. **Objective 1.1.6 Nurse can select appropriate resources for veterans with cognitive dysfunction (i.e. comprehension problems) (changed to "very partial")**
5. Objective 1.1.7 Given a description of a patient with TBI the nurse will be able to recognize one website that will be helpful to the patient's treatment.

Appendix 2
Gaps identified on afterdeployment.org for PTSD (consultant discrepancies bolded)

1 Assessment (PTSD)

1. Goal 3: When screening questions identify risk for PTSD, nurses will know how to assess the impact of PTSD symptoms on health and coping as the basis for initiating supportive interventions, patient education, and referral.
2. Competency 3.1: The nurse consistently recognizes service member responses that indicate heightened risk for or presence of PTSD symptoms and assesses the impact on the service member's health and coping, i.e. sleep, concentration when performing tasks that require sustained attention, recall and memory, relaxation, feelings of safety, interpersonal functioning and satisfaction.
3. Objective 3.1.1 Given the presence of one or more positive responses to PTSD screening questions, the nurse selects questions to further assess the impact on the service member's health and coping at home & work.
4. Goal 4**:** Nurses will recognize heightened sensitivity to touch as a potential response to PTSD and will reduce stress and discomfort in the service member by appropriately modifying approaches to physical assessments and physical procedures.
5. Competency 4.1: The nurse's approach to physical assessments and physical procedures is modified to reduce stress and promote positive coping in service members who experience heightened touch sensitivity related to PTSD.
6. Objective 4.1.1**:** During a physical assessment or physical procedure, the nurse identifies signs of increased reactivity to touch manifested by activation of the "fight or flight" response.
7. Objective 4.1.2: The nurse selects approaches to physical assessment and physical procedures that reduce the likelihood of provoking a stress reaction, promote feelings of control, and enhance coping.

2 Assessment (Shared)

1. Goal 6: Nurses will know mandatory reporting requirements and recognize when to utilize reporting protocols for crimes or reportable incidents occurring on base versus off base.
2. Competency 6.1**:** When reportable incidents are disclosed or signs/symptoms of reportable injuries are observed during an interview or examination with a service member or his/her family members, the nurse will fulfill mandatory reporting requirements using appropriate reporting protocols.
3. Objective 6.1.1**:** Identify mandatory reporting laws that apply to nurses.
4. Objective 6.1.2**:** Identify types of incidents and injury assessments that necessitate mandatory reporting.
5. Objective 6.1.3**:** Select the appropriate mandatory reporting protocol for incidents or injuries occurring on base versus off base.

3 -Basic Overview

1. Objective 1.1.1**.** Nurse can provide definitions for basic terminology related to PTSD
2. Objective 1.1.2. Nurse can identify general prevalence and causes of PTSD in returning service members and greater U.S. population
3. Objective 1.1.5. Nurse can identify common cognitive symptoms associated with PTSD
4. ***Objective 1.2.1. Define terms related to PTSD etiology***
5. Objective 1.2.2. Identify basic structural regions of the brain and their function

4 – PTSD Diagnostics

6. Competency 1.2: Nurse will know signs and symptoms associated with use of different diagnostics related to PTSD.
7. Objective 1.2.1: A nurse will match signs or symptoms associated with the use of diagnostics related to PTSD.
8. Competency 1.3: Nurse will recognize the time and preparation needed to prepare for a diagnostic study related to PTSD.
9. Objective 1.3.1: A nurse will be able to list necessary preparation for each diagnostic tool related to PTSD.
10. Objective 1.4.1: Given a list of diagnostic tools, a nurse will be able to match education to diagnostic tool.
11. Competency 2.1: Nurse will be able to identify the indication for using diagnostic studies for co-morbid conditions associated with PTSD.
12. Objective 2.1.1: Given a list of diagnostic tools, a nurse will be able to select whether a diagnostic tool applies to comorbid conditions associated with PTSD.
13. Competency 2.2: Nurse will know signs or symptoms associated with use of different diagnostic tools related to comorbid conditions associated with PTSD.
14. Objective 2.2.1: Nurse will list signs or symptoms associated with use of diagnostics related to PTSD.
15. Competency 2.3: Nurse will recognize the time and preparation needed to prepare for a diagnostic study related to comorbid conditions associated with PTSD.

16. Competency 2.4: Nurse will demonstrate understanding of necessary patient education involved in diagnostic procedures.
17. Objective 2.4.1: Given a list of diagnostic tools, a nurse will be able to match patient education associated with each diagnostic tool

5- PTSD Interventions

18. Objective 1.4.1: Given a list, nurse will describe purpose of the non-pharmacological intervention as it relates to PTSD.

6- Cultural Competence

1. Goal 1**:** Understand the different factors influencing treatment of PTSD in different ethnicities, sexual orientations and genders (men vs. women).
2. Competency 1.1: Nurse recognizes different ways women and men might present, develop, interpret and discuss symptoms.
3. Objective 1.1.1: Nurse will list cultural factors that can affect beliefs about PTSD.
4. Objective 1.1.2: Nurse will list common differences in presentation between male and female veterans with PTSD.
5. Objective 1.1.4: Nurse will select from a list the most effective method to screen for sexual trauma in male and female veterans
6. Objective 1.1.5: Nurse will list differences in diagnosis of PTSD in women vs. men.
7. Objective 1.1.7: Nurse will identify reasons to avoid reporting symptoms that are specific to female veterans
8. Competency 2.1: Nurse recognizes the current benefits and challenges of openly gay service members
9. Objective 2.1.1: Nurse will list differences in benefits and rights available for openly gay veterans
10. Objective 2.1.2: Nurse will list common challenges and concerns of gay service members
11. Objective 2.1.3: Given an encounter with a gay service member, the nurse will select the most supportive response.
12. Competency 3.1: Nurse recognizes differences among PTSD symptoms, prevalence and treatment necessary for older adults.
13. Objective 3.1.1: Nurse will identify challenges to elderly veterans with PTSD
14. Objective 3.1.2: Nurse will recognize the prevalence and longitudinal course of PTSD in older adults
15. Objective 3.1.4: Nurse will identify assessment and treatment necessary for treatment of PTSD in older adults

7- Communication

1. Competency 1.1:Nurse can use specific strategies to facilitate communication with veterans who have a PTSD.
2. Competency 1.2**:**Nurse can incorporate knowledge of military culture into communication with veterans.
3. Objective 1.1.1**:** Nurse can identify appropriate communication techniques for PTSD patients
4. Objective 1.1.2**:**Given visual prompts, rank non-verbal communication techniques to use with patients with PTSD

5. Competency 2.1**:** Nurse will identify strategies in order to establish a trusting nurse-patient relationship.
6. Objective 2.1.1: Given a list of communication techniques, identify those that can be used to enhance a therapeutic relationship.
7. Objective 2.1.2**:** Given a list, select three techniques that will encourage communication of trauma symptoms.
8. Objective 2.1.3: Identify characteristics most likely to affect communication with a veteran or service member.
9. Objective 2.1.4**:** Given a list, select the verbal communication skills most likely to reduce stigma.
10. Objective 2.1.5**:** Given a list, select the verbal communication skills most likely to encourage
11. Objective 2.1.6 :Nurse will be able to identify 5 common barriers to establishing a trusting nurse-patient therapeutic relationship with military populations
12. Objective 2.1.7**:** Select communication responses that convey active listening**.**
13. Objective 2.1.8**:** Select verbal and nonverbal strategies that promote trust and rapport.
14. Objective 2.1.9**:** Nurse understands the difference between safe disclosure, and problematic disclosure.
15. Objective 2.1.10**:** Nurse knows how to handle disclosure when a Vet is determined to disclose
16. Goal 3: Encourage Disclosure of Trauma Experienced by Veterans.
17. Competency 3.1**:** Use motivational interviewing (MI) techniques to encourage disclosure in patients with PTSD.
18. Objective 3.1.1:Given a patient, use skills and strategies of MI to elicit change talk.
19. Objective 3.1.2: Given the acronym OARS, identify how each component is central to MI.
20. Objective 3.1.3**:** Describe the three components of MI
21. Objective 3.1.4**:** Describe the principles of MI
22. Objective 3.1.5**:** Nurse can describe the barriers to using MI with patients with PTSD

8- Military Culture

1. Objective 1.1.1**:** Given a list of values, nurse will identify those common to the various branches of military
2. Objective 1.1.2**:** Given a scenario, nurse will select effective communication techniques for veteran populations
3. Objective 1.1.3**:** Nurse will identify clinical behaviors that may facilitate or interfere with patient relationship in veteran populations
4. Objective 1.1.5**:** Nurse will list strategies for screening of PTSD with consideration for military culture
5. Objective 1.1.8**:** Identify available medical benefits among to veterans and families of veterans vary

9- Resources for RN to give to Patient- PTSD

1. Goal 1: Nurse understands the importance of giving patient and family patient education materials and resources that may be helpful in understanding and coping with PTSD.

2. Competency 1.1.2: Nurse can identify appropriate resources and sources of information (where to find) to enhance his/her knowledge of PTSD and associated symptoms and comorbidities

10- Patient and Family Education

1. Objective 1.2.5: The nurse will be able to list expected long term effects of PTSD.
2. Objective 1.2.6: The nurse will be able to list three common misconceptions about PTSD recovery expectations.
3. Objective 1.2.8**:** The nurse will be able to identify appropriate strategies for prevention of secondary PTSD to patients and families.
4. ***Objective 1.3.3: The nurse will identify teaching opportunities in order to help educate family members about PTSD.***

11- Referral and Follow-up of PTSD

1. Objective 1.1.2**:** Given a description of patient needs the nurse makes the appropriate referral to an agency, provider or support
2. Objective 1.1.4**:** Nurse can select the appropriate referral for a cognitive versus a behavioral versus an adjustment problem
3. Objective 1.1.5: Nurse can properly triage an interaction with a patient seeking resources for PTSD
4. Objective 1.1.6**:** Given a description of a patient with PTSD the nurse will be able to recognize one website that will be helpful to the patient's treatment.

Appendix C :Competencies and Objectives
Seattle University College of Nursing
DOD Grant
Final Competencies and Objectives Development

I. CULTURAL CONSIDERATIONS

Module Description: *In this module, the nurse will learn the different factors influencing PTSD/TBI presentation and treatment in special populations (e.g. women, LGBT, older adults, and ethnic minorities). The nurse will also learn how to identify appropriate communication skills to these special populations to reduce stigma and enhance treatment outcomes.*
Competency 1: Based on understanding the unique aspects/traditions of service members and veterans, the nurse will describe his/her approach in patient interactions.
Objective 1.1: Nurse will identify 3 clinical behaviors that may facilitate or interfere with patient relationship in veteran populations.
Competency 2: Based on understanding their unique presentation, the nurse will adapt his/her approach in interactions with male and female service members and veterans.
Objective 2.1: The nurse can list 3 common differences in PTSD presentation between male and female service members and veterans.
Objective 2.2: The nurse can identify 3 common causes for PTSD in male and female service members and veterans.
Objective 2.3: The nurse can identify the most effective method to screen for sexual trauma in male and female service members and veterans.

	Objective 2.4: The nurse can identify the 3 common co-morbidities among male and female service members and veterans.
	Objective 2.5: The nurse can identify 3 reasons to avoid reporting PTSD symptoms that are specific to female service members and veterans.
Competency 3: Based on understanding of their unique considerations, the nurse will adapt his/her approach in interactions with openly gay service members.	
	Objective 3.1: The nurse can list three differences in benefits and rights available to openly gay service members and veterans.
	Objective 3.2: The nurse can list three common challenges and concerns for openly gay service members and veterans.
	Objective 3.3: Given an encounter with an openly gay service member, the nurse will select the most supportive response.
Competency 4: Based on understanding their unique considerations, the nurse can adapt his/her approach in interactions with elderly veterans.	
	Objective 4.1: The nurse can identify 3 common challenges unique to elderly service members and veterans with PTSD.
	Objective 4.2: The nurse can recognize the prevalence and longitudinal course of PTSD in elderly service members and veterans with PTSD.
	Objective 4.3: The nurse can recognize the impact of PTSD in the aging process for elderly service members and veterans.
	Objective 4.4: The nurse can identify three unique assessments and treatments necessary for elderly service members and veterans with PTSD.
	Objective 4.5: The nurse can list three unique presentations of elderly service members and veterans with TBI.
Competency 5: Based on understanding of cultural considerations, Nurse will select the appropriate components to a cultural assessment.	
	Objective 5.1: The nurse can identify components of a cultural assessment
	Objective 5.1: The nurse can list five ways that individual culture may impact nursing care

II. MILITARY CULTURE

Module Description: *In this module the nurse will learn the norms, behaviors, values and traditions of military personnel and their possible influence in treating service members with PTSD and/or TBI.*
Competency 1. Nurse uses knowledge of various norms, behaviors, values and traditions of military culture and understands how these things may influence care of service members and veterans.
Objective 1.1. Given a list of values, nurse can identify those common to various branches of military.
Objective 1.2: The nurse can match commonly used military acronyms/abbreviations and slang terms to definitions.
Competency 2: **Nurse** describes how stigma can affect service members and veterans seeking mental health care.
Objective 2.1: Nurse can identify at least three factors that prevent veterans from seeking care.
Objective 2.2: Nurse identifies 3 strategies to encourage participation in services.
Objective 2.3: The nurse can identify at least 3 strategies related to reducing stigma.
Competency 3: Based on knowledge of military culture, nurse selects appropriate communication strategies while care for a service member or veteran.

III. COMMUNICATION

Module Description: *In this module, the nurse will learn knowledge and skills about the use of interpersonal communication with Service members and Veterans that will promote a positive environment and provide for comprehensive continuity of care. Successful communication requires attention to elements of cultural influences, variations in the use of language and a participatory approach.*
Competency 1. Using knowledge of individual differences and capabilities the nurse selects appropriate strategies to build therapeutic relationships
Objective 1.1. Nurse can select 3 appropriate communication techniques to facilitate a therapeutic relationship for service members/veterans with PTSD patients
Objective 1.2 Given a list of communication techniques, identify those that can be used to enhance a therapeutic relationship.
Objective 1.3 Given a list, the nurse can select three verbal techniques that will encourage communication skills most likely to reduce stigma
Objective 1.4 Given a list, the nurse can select three techniques that will encourage communication of trauma

symptoms.
Competency 2: The nurse selects the appropriate communication skills to be safe and effective
Objective 2.1 Given a list the nurse can identify 3 safe communications skills
Objective 2.2 The nurse can choose three effective communication techniques from a list of both effective and ineffective techniques.
Competency 3: The nurse selects appropriate communication strategies to reduce the risk of suicide
Objective 3.1 The nurse can choose three effective communication strategies from a list to assess risk of suicide
Objective 3.2 The nurse can choose three effective communication strategies from a list to reduce suicide ideation among service members/veterans.
Competency 4: The nurse can describe appropriate verbal and nonverbal communication techniques
Objective 4.1 Given visual prompts, the nurse can rank non-verbal and verbal communication techniques to use with service members/veterans with PTSD.
Objective 4.2 Given a list the nurse can select 3 behaviors that demonstrates supportive body language
Competency 5: Based on the understanding of unique communication, the nurse will identify strategies that will improve his/her communication with service members from diverse populations
Objective 5.1: Nurse can identify 3 barriers to communicating effectively among diverse service members/veterans populations.
Objective 5.2: Nurse can identify ways in which differing perceptions and expectations can complicate communications between nurses and service members/veterans from diverse cultures.
Competency 6 The nurse identifies strategies to overcome barriers (trust, physical, cognitive, and emotional) to developing a therapeutic relationship with service members and veterans.
Objective 6.1 Nurse can identify 3 common barriers to establishing a trusting nurse-patient therapeutic relationship with military populations
Objective 6.2 Nurse can identify 3 common physical barriers to establishing a therapeutic nurse-patient therapeutic relationship with service members/veteran populations
Objective 6.3: Nurse can use motivational interviewing (MI) techniques to encourage disclosure in patients with PTSD.

IV. BASIC OVERVIEW - TBI

Module Description: *In this module the nurse will learn the fundamental concepts of Traumatic Brain Injury (TBI) including terminology, symptomatology, sequelae and etiology in service members and veterans.*
Competency 1: The nurse can distinguish between various levels of TBI and recognizes associated symptoms
Objective 1.1: Nurse can define TBI and identify characteristics distinguishing levels of TBI
Objective 1.2: Nurse can list at least five common somatic sequelae of TBI
Objective 1.3: Nurse can list at least three common behavioral sequelae of TBI
Objective 1.4: Nurse can list at least three common psychological sequelae of TBI
Objective 1.5: Nurse can list at least three common cognitive sequelae associated with TBI
Competency 2: The nurse can describe the pathophysiology of TBI including brain structures and etiology
Objective 2.1: Nurse can identify causes of TBI in returning service members
Objective 2.2: Nurse can match terms related to TBI etiology
Objective 2.3: Nurse can match basic structural regions of the brain to their functions

V. BASIC OVERVIEW - PTSD

Module Description: *In this module the nurse will learn the fundamental concepts of Post Traumatic Stress Disorder (PTSD) including terminology, symptomatology, sequelae and etiology in service members and veterans.*
Competency 1. The nurse knows the distinction between acute and chronic PTSD, and recognizes associated symptoms and prevalence
Objective 1.1: Nurse define PTSD and can list and describe the three symptom clusters associated with PTSD
Objective 1.2: Nurse can identify common causes of PTSD in returning service members
Objective 1.3: Nurse can identify at least 3 common somatic sequelae of PTSD
Objective 1.4: Nurse can identify list at least three common behavioral symptoms associated with PTSD

	Objective 1.5: Nurse can identify list at least three common psychological/cognitive symptoms associated with PTSD
	Objective 1.6: Nurse can identify at least three risk factors associated with development of PTSD
	Objective 1.7: Nurse can list at least three alternative terms used for PTSD in veteran populations
Competency 2: The nurse can explain the neurobiology of PTSD including involved brain structures and etiology.	
	Objective 2.1: The nurse can define terms related to PTSD etiology
	Objective 2.2: Nurse can identify basic structural regions of the brain, recognizing the functions of the hippocampus and amygdala and their changes in PTSD

VI. ASSESSMENT - TBI

Module Description: *This module will develop the nurse's knowledge and skills for TBI screening, use of assessment tools, modification of the nursing approach and environment for patients with TBI, and referral of patients with TBI for additional services. By the completion of this module, the nurse will know when and how to screen for TBI based on patient history and clinical signs and symptoms.*	
Competency 1: The nurse recognizes when to screen for TBI.	
	Objective 1.1: Nurse can identify two questions to screen for a history of head trauma in a service member or veteran.
	Objective 1.2: Nurse can identify questions used in conducting the H.E.A.D.S. screen for TBI.
Competency 2: The nurse selects appropriate communication skills to facilitate disclosure of symptoms and/or relevant history.	
	Objective 2.1: Nurse can identify verbal responses to promote patient rapport.
	Objective 2.2: Nurse can identify nonverbal responses to promote patient rapport.
	Objective 2.3: Nurse can identify body language associated with distrust or fear.
	Objective 2.4: Nurse can identify body language associated with interpersonal safety.
Competency 3: The nurse selects appropriate screening assessments for specific symptoms of TBI.	
	Objective 3.1: Nurse can identify questions to assess patient headaches.
	Objective 3.2: Nurse can match various types of headaches with characteristic signs and symptoms
	Objective 3.3: Nurse can identify questions to assess alterations of consciousness (AOC).

Objective 3.4: Nurse can identify response categories rated by the Glasgow Coma Scale.
Objective 3.5: Nurse can match Glasgow Coma Scale Scores with levels of head injury severity.
Objective 3.5: Nurse can identify questions to assess pain severity
Competency 4: The nurse modifies assessments and procedures based on assessment of sensory changes in TBI.
Objective 4.1: Nurse can identify procedural modifications for patients with light and noise intolerance.
Competency 5: The nurse identifies appropriate patient referrals based on interpretation of screening assessments.
Objective 5.1: Nurse can select an appropriate referral for a patient with TBI.

VII. ASSESSMENT - PTSD

Module Description: *This module will develop the nurse's knowledge and skills for PTSD screening, use of assessment tools, modification of the nursing approach and environment if patients with PTSD display signs of heightened anxiety and stress, and referral of patients with PTSD for additional services. By the completion of this module, the nurse will know when and how to screen for PTSD based on patient history and clinical signs and symptoms.*
Competency 1: The nurse recognizes when to screen for PTSD
Objective 1.1: Nurse can align PTSD symptoms with 3 characteristic symptom clusters used to diagnose PTSD.
Objective 1.2: Nurse can compare and contrast acute, chronic, and delayed stress responses to trauma based on symptom onset and duration.
Objective 1.3: Nurse can define combat and operational stress.
Objective 1.4: Nurse can identify factors that influence the severity of combat and operational stress reactions.
Objective 1.5: Nurse can identify signs of an activated stress response during a physical examination or procedure.
Objective 1.6: Nurse can select approaches to physical procedures that reduce the risk of activating a stress reaction.
Competency 2: The nurse selects appropriate communication skills to facilitate disclosure of symptoms and/or relevant history. (See also Communication Module.)
Objective 2.1: Nurse can identify verbal responses to promote patient rapport.
Objective 2.2: Nurse can identify nonverbal responses to promote patient rapport.
Objective 2.3: Nurse can identify body language associated with distrust or fear.
Objective 2.4: Nurse can identify body language associated with interpersonal safety.

Competency 3: The nurse selects appropriate screening assessments for specific symptoms of PTSD.
Objective 3.1: Nurse can identify questions to elicit information about PTSD symptoms.
Objective 3.2: Nurse can identify appropriate assessment tools to use in screening for PTSD.
Objective 3.3: Given the presence of one or more positive responses to initial PTSD screening nurse can select questions that further assess the impact of PTSD on the service member's health and coping.
Competency 4: The nurse identifies appropriate patient referrals based on interpretation of screening assessments.
Objective 4.1: Given a patient encounter, select an appropriate referral for a patient who is experiencing PTSD symptoms.

VIII. INTERVENTIONS - TBI

Module Description: *In this module the nurse will learn interventions commonly used for patients with TBI and co-occurring diseases commonly associated with TBI.*
Competency 1: The nurse utilizes knowledge of pharmacological interventions commonly used to treat TBI to educate service members and respond to questions and concerns.
Objective 1.1: Given a clinical situation, nurse will provide information and answer questions about ordered pharmacological/non-pharmacological interventions ordered by provider to patient and family/caregiver.
Objective 1.2: Nurse can use appropriate communication tools to convey information to patient and their family/caregiver.
Competency 2: The nurse utilizes knowledge of pharmacological interventions commonly used to treat TBI while assessing service member for adverse effects
Objective 2.1: Given a clinical situation, nurse will assess service member for adverse effects of pharmacological therapy that has been initiated.
Competency 3: The nurse utilizes knowledge of pharmacological therapy for TBI to identify common DDIs and contraindications of pharmacological therapies in service members/veterans

Objective 3.1: Given a clinical situation, nurse will inform service member of contraindications and assess for drug-drug interactions (DDIs) related to pharmacological therapy.
Competency 4: The nurse utilizes knowledge of non-pharmacological interventions commonly used to treat TBI to educate service members and respond to questions and concerns.
Objective 4.1: Given a clinical situation, nurse can provide an overview of CBI and answer patient/caregiver/family member questions about what to expect.
Competency 5: The nurse can utilize goal setting as an intervention with Veterans/Service Members diagnosed with TBI and/or co-occurring conditions.
Objective 5.1: Nurse can use motivational interviewing with patient to set measurable and achievable goals.

IX. INTERVENTIONS - PTSD

Module Description: *In this module the nurse will learn interventions commonly used for patients with PTSD and co-occurring diseases commonly associated with PTSD*
Competency 1: The nurse utilizes knowledge of pharmacological interventions commonly used to treat PTSD to educate patients, assess for adverse effects, identify possible drug-drug interactions and contraindications for use
Objective 1.1: Given a clinical situation, nurse identifies drugs commonly used to treat a presenting symptom associated with PTSD.
Objective 1.2: For each drug names, nurse is able to describe: - purpose - contraindications - common drug-drug interactions - possible adverse effects - and provide special instructions
Competency 2: The nurse identifies commonly used non-pharmacological therapies commonly used to treat PTSD.
Objective 2.1: Given a clinical situation, nurse will assess service member for adverse effects of pharmacological

	therapy that has been initiated.
Competency 3: The nurse identifies appropriate communication intervention techniques used with service members with PTSD and common co-morbid conditions	
	Objective 3.1: Given a clinical situation, nurse will inform service member of contraindications and assess for drug-drug interactions (DDIs) related to pharmacological therapy.
	Objective 3.2: Given a clinical situation, nurse is able to answer service members questions about a prescribed non-pharmacological therapy
	Objective 3.3: The nurse utilizes goal setting as an intervention with service members diagnosed with PTSD and/or co occurring conditions.

X. DIAGNOSTICS - TBI

Module Description: I*n this module the nurse will learn diagnostic tools commonly used for patients with TBI and co-occurring diseases commonly associated with TBI*	
Competency 1: Nurse will explain diagnostic tools commonly used with patients with TBI	
	Objective 1.1: Given a situation where a service member has been ordered to undergo a diagnostic study, the nurse explains how study is performed, necessary preparation, whether pain or discomfort may be involved, contraindications, how results will be shared, and necessary follow up
	Objective 1.2: Nurse can assist service member in preparing for diagnostic tests/studies by providing pt education and answering questions (patient, caregiver, family members).
Competency 2: Nurse can explain diagnostic tools commonly used for co-occurring conditions (e.g. nightmares, insomnia, addiction).	
	Objective 2.1: Given a list of co-occurring disorders and diagnostic tools, nurse can match each tool/study with condition for which it is commonly utilized.
Competency 3: Nurse will recognize signs and symptoms of co morbid conditions associated with TBI and recommend appropriate diagnostic tools/tests.	

	Objective 3.1: In a clinical situation where service member reports insomnia, nurse explains purpose of sleep study to r/o obstructive sleep apnea.
	Objective 3.2: In a clinical situation where service member admits frequent headaches, nurse recommends headache journal.

XI. DIAGNOSTICS - PTSD

Module Description: *In this module the nurse will learn diagnostic tools commonly used for patients with PTSD and co occurring diseases commonly associated with PTSD.*	
Competency 1: Nurse will identify diagnostic tools commonly used for PTSD and the following co-occurring conditions: 16. anxiety/panic disorder/depression 17. ETOH/tobacco/drug use 18. Nightmares 19. Insomnia **20.** Headaches	
	Objective 1.1: Given a list of co occurring disorders and diagnostic tools, nurse can match each diagnostic tool/study with presenting symptoms or diagnosis.
	Objective 1.2: Nurse can assist service member in preparing for diagnostic tests/studies by providing pt education and answering questions (patient, caregiver, family members).
Competency 2: Nurse can prepare patient and family for commonly used diagnostic studies	
	Objective 2.1: Given a specific diagnostic study, nurse identities appropriate education for patient/family/caregiver
	Objective 2.2: Given a diagnostic study, nurse identifies possible contraindications prior to the study.
	Objective 2.3: Given a diagnostic study, nurse identifies possible adverse effects
	Objective 2.4: In clinical situation where service member reports depression, nurse explains purpose of depression screening tool, how the results will shared and further testing/follow up for which it is commonly utilized.

XII. PATIENT AND FAMILY EDUCATION

Module Description: *In this module the nurse will learn how to recognize and effectively communicate appropriate educational content related to PTSD/TBI to service members/veterans and their caregivers/families.*
Competency 1: The nurse applies the Transtheoretical Model of Change to service member's situation.
Objective 1.1: Nurse identifies characteristics of Transtheoretical Model of Change.
Objective 1.2: Given a clinical scenario, nurse applies Transtheoretical Model of Change to a patient/family.
Competency 2: The nurse can select appropriate teaching strategies, given the patient's symptoms, diagnosis (e.g. acute, chronic stage, re-traumatization, secondary injuries), and learning styles.
Objective 2.1: Given a description of a patient/family, nurse assesses the timeliness for education.
Objective 2.2: Given a description of a patient/family, nurse assesses patient/family's learning styles/preferences.
Objective 2.3: Nurse identifies ways to assess learning styles/preferences.
Objective 2.4: Nurse identifies specific strategies for education based on different learning styles.
Competency 3: Nurse selects appropriate educational materials on PTSD/TBI for patient and family in consideration of cognitive, physical, emotional barriers.
Objective 3.1: Given a clinical scenario, nurse can select appropriate educational materials based on patient's cognitive, physical or emotional barriers.
Competency 4: Nurse selects appropriate educational materials to co-occurring symptoms/ disorders associated with PTSD/TBI.
Objective 4.1: Nurse can identify major co-occurring symptoms/disorders associated with PTSD/TBI.
Objective 4.2: Nurse can identify appropriate educational materials for patients with co-occurring symptoms/disorders.
Competency 5: The nurse is able to locate specific information on afterdeployment.org to meet patient and family learning needs and preferences.
Objective 5.1: Nurse identifies location of education on applicable areas of afterdeployment.org that meets patient/family/caregiver needs.

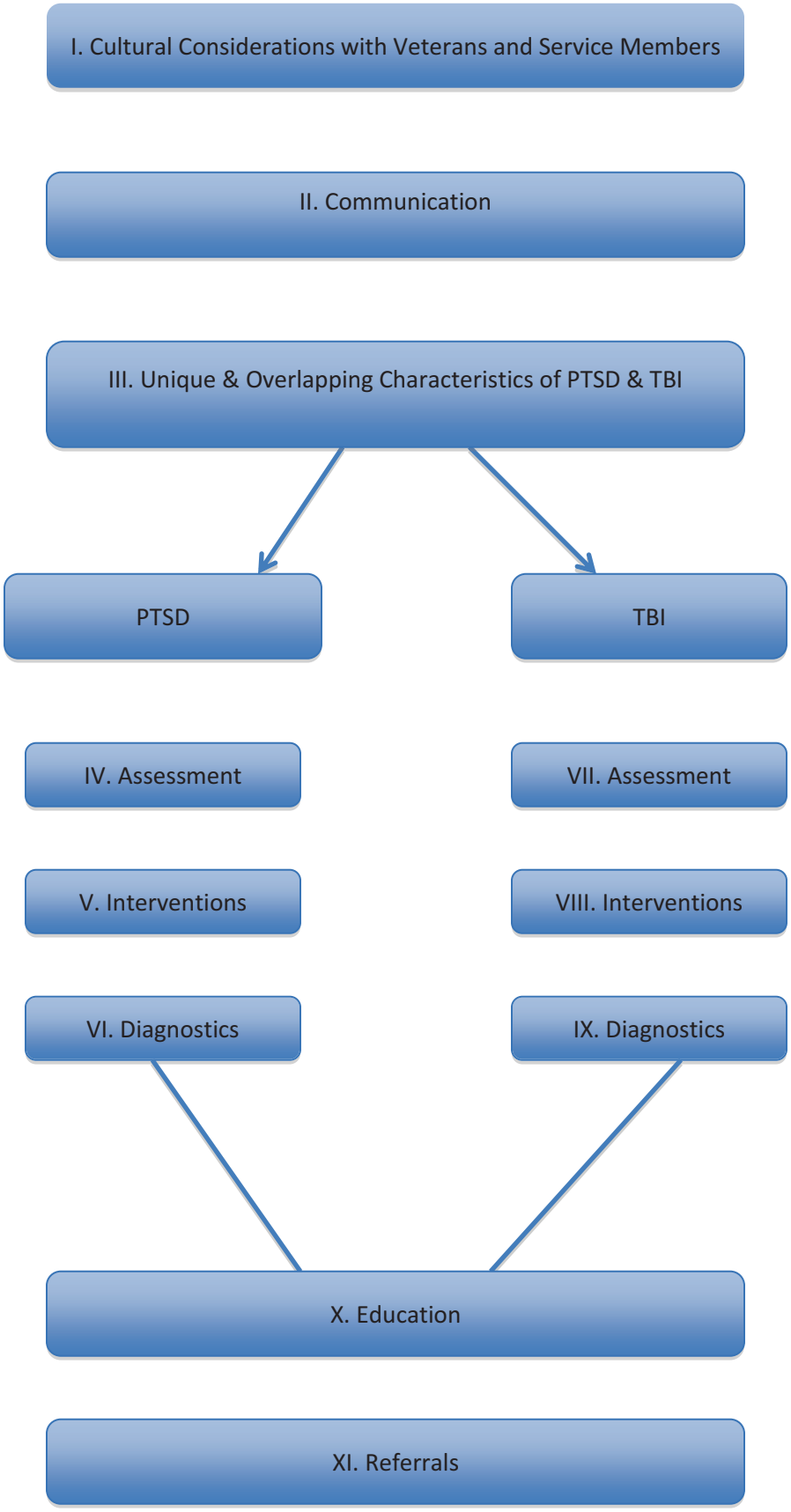
Competency 6: Nurse identifies barriers to patient learning, based on stigma and trust.
Objective 6.1: Nurse identifies communication techniques useful to foster trust and prevent stigma.
Objective 6.2: Nurse identifies factors most likely to affect patient learning due to stigma and trust.
Competency 7: Nurse adjusts the education for patient, caregiver and family.
Objective 7.1: Given a clinical scenario, nurse assesses family/caregiver's readiness to be involved in patient's recovery process.
Objective 7.2: Given a clinical scenario, nurse selects teaching techniques appropriate to family/caregiver
Objective 7.3. Nurse recognizes caregiver fatigue.
Objective 7.4. Nurse chooses appropriate communication strategy to assess the effectiveness of patient and family education.
Objective 7.5. Nurse recognizes statements that suggest the patient/family/caregiver need further teaching.

XIII. RESOURCES AND REFERRALS

Module Description: *In this module, the nurse will learn how to effectively utilize a multidisciplinary approach in assuring continuity of care of service members/veterans with PTSD/TBI.*
Competency 1: Nurse can explain the rationale for multidisciplinary approach in treatment and/or rehabilitation of patients with PTSD/TBI.
Objective 1.1: Given a clinical scenario, nurse explains how a multidisciplinary approach can be useful in a clinical setting.
Objective 1.2: Nurse identifies positive characteristics of a multidisciplinary approach.
Competency 2: Nurse identifies when and how to provide the patient with referral for PTSD/TBI. (multidisciplinary approaches)
Objective 2.1: Given a description of a patient, nurse can identify the timeline for a referral.
Objective 2.2: Given a description of a patient, nurse can assess patient readiness for a multidisciplinary approach/referral.
Objective 2.3: Given a description of a patient, nurse selects a referral process to meet patient's needs
Objective 2.4: Given a description of patient's needs, nurse can select the appropriate referral to an agency, provider or support.

Competency 3: Nurse identifies different types of referrals/follow-up and describes how to initiate the process.	
	Objective 3.1: Given a list, nurse matches referrals with specific patient problems (*cognitive versus behavioral versus adjustment*).
	Objective 3.2: Nurse can identify steps necessary for referral process.
	Objective 3.3: Nurse can list three major factors that can cause service members/veterans to not follow up.
	Objective 3.4: Nurse can list three ways to enhance patient, family and caregiver participation in a multidisciplinary approach
Competency 4: Nurse can modify terminology based on literacy level of listener (service member, family, provider).	
	Objective 4.1: Nurse can list three common interaction barriers that prevent effective participation in a multidisciplinary treatment approach.
	Objective 4.2: Given a clinical scenario, the nurse can identify three ways to address barriers to effective participation in a multidisciplinary treatment approach.
	Objective 4.3: Given a clinical scenario, the nurse demonstrates facilitation of collaboration between patient/ family/caregiver and multidisciplinary team.

Appendix D: Curriculum Organization


I. Cultural Considerations with Veterans and Service Members
II. Communication
III. Unique & Overlapping Characteristics of PTSD & TBI
PTSD
TBI
IV. Assessment
VII. Assessment
V. Interventions
VIII. Interventions
VI. Diagnostics
IX. Diagnostics
X. Education
XI. Referrals

Appendix E :Content Maps Examples

Seattle University College of Nursing
DOD Grant
Military Culture Module – PTSD & TBI

Module Description: In this module you will learn the norms, behaviors, values and traditions of military personnel and their possible influence in treating service members with PTSD and/or TBI.	**Content Maps**
Competency 1. Nurse uses knowledge of various norms, behaviors, values and traditions of military culture and understands how these things may influence care of service members and veterans.	
Objective 1.1. Given a list of military branches and titles, nurse will identify which branch goes with each title.	I. Recognize that service members consider values daily and are at risk for potential career and legal consequences for not adhering to key values (Penk & Moore, 2011). Why is it important to know these terms? • Understanding the shared language in military structures will aid in effective communication. <u>Identification of different branches of the military and title:</u> • **U.S. Army (Soldier) -** (Army Reserve, Army National Guard) • **Marine Corps (Marine) –** (Marine Corps Reserve) *Component of U.S. Navy • **U.S. Navy (Sailor) –** (Navy Reserve) • **U.S. Air Force (Airman)–** (Air Force Reserve, Air National Guard) • **U.S. Coast Guard (Guardian)** – (Coast Guard Reserve) • Identification of norms, behaviors, values, traditions and

	rank of the military. **Values:** **U.S. Army –** Loyalty, Duty, Respect, Selfless Service, Integrity, and Personal Courage **Marine Corps Values-**Honor, Courage, and Commitment **U.S. Navy -**Honor, Courage, and Commitment **U.S Air Force -**Integrity first, Service Before Self, Excellence in All We Do **U.S. Coast Guard –** Honor and Integrity**,** Greater Good of the Coast Guard, Innovation, Personal Initiative, Drive for Success, Teamwork Collectively all branches identify and place high values on: ○ Leadership ○ Teamwork ○ Loyalty ○ Hierarchy ○ Obedience ○ Communality (Strom et al., 2012) In addition there is a strong prominence placed on discipline, control, rules, and regulation (authoritarian ideology), (Strom et al, 2012)
Objective 1.2. Given a list of military branches, nurse will identify the specific duties of each branch**.**	• Description/Responsibility of different branches in the military **U.S. Army –** To protect and defend the U.S. by way of ground forces (soldiers, tanks, artillery, helicopters etc.) **U.S. Marine Corps –** Versatile, light force compared to the Army, they are amphibious can attack from all directions

	multiple ways of attacking land, air and sea, can deploy at a rapid pace compared to the Army and considered self sufficient, and one the smallest of all branches. **U.S Navy –** Protect and maintain freedom among the seas. Also composed of Air power where runways are non-existent (aircraft carriers). Composed of a variety of offensive and defensive ships, submarines, and responsible for transportation of Navy and Marine Corps personnel. **U.S. Air Force –** To protect the air and space of the U.S. and its interests around the world including responsibility for all military satellites and nuclear ballistic missiles. Composed of a variety of aircraft: heavy and light bombers, fighter aircraft, transport & fueling aircraft and helicopters. **U.S. Coast Guard –** Flexible branch of responsibility during peacetime it is under the control of Homeland security, during wartime the U.S President can transfer responsibility to the Navy. Responsible for search and rescue, law enforcement, immigration and ship safety (peace time). During times of War serves as security of ports, patrols of coastline, defense & intelligence, and is the smallest of all branches.
Objective 1.3 Given a list of military values, nurse will identify those common to the various branches of the military.	**Values:** **U.S. Army –** Loyalty, Duty, Respect, Selfless Service, Integrity, and Personal Courage **Marine Corps Values-**Honor, Courage, and Commitment **U.S. Navy -**Honor, Courage, and Commitment **U.S Air Force -**Integrity first, Service Before Self, Excellence in All We Do **U.S. Coast Guard –** Honor and Integrity**,** Greater Good of the Coast Guard, Innovation, Personal Initiative, Drive for Success, Teamwork

	Collectively all branches identify and place high values on: ○ Leadership ○ Teamwork ○ Loyalty ○ Hierarchy ○ Obedience ○ Communality (Strom et al., 2012) In addition there is a strong prominence placed on discipline, control, rules, and regulation (authoritarian ideology), (Strom et al, 2012)
Objective 1.4 Given a list describing the structure of military rank, nurse will identify the three categories of rank.	**<u>Rank:</u>** **<u>Composed of three categories:</u>** 1. Enlisted Personnel (includes noncommissioned officers and petty officers): 2. Warrant Officers 3. Commissioned officers (Strom, et al., 2012) * Resources need to be readily available for the nurse to identify rank, each branch of service may differ slightly. Identification of how norms, values, traditions, behaviors and rank can affect treatment: • Nurses need to understand the concept of collectivism vs. individualism of military culture • **Rank recognition** resources should be readily available for the nurse because it can highlight how long as service member has been in the military and the level of stress the service member has been exposed to in the military.

Objective 1.5 Given a list, nurse will identify military duty status.	<u>Active Duty vs. Reserve:</u> **Active Duty –** receives benefits, full-time hrs, on call 365 days a year, most work 40-50 hrs or more, and make up the permanent force of the military **Reserve –** Part-time duties, serve one weekend a month, two weeks a year, and can be placed on active duty to make-up/add to active duty components. (Strom, Leskela, Gavian, Louglin, Bui, Linardatos, Leskela, Possis & Siegel, 2012)
Objective 1.6 Given a list of the norms in the military, nurse will identify the clinical implications of these norms.	**<u>Norms:</u>** **<u>Hierarchical Class System:</u>** • **Rank** ○ **The military is divided into two groups: officers and enlisted** ○ **Nursing implication:** a service member's status may have a connection to his or her presenting problem. ○ **Nursing implication:** a service member may feel disrespected if not referred to by their rank. **<u>A Language of their Own:</u>** • **Military terms (acronyms, abbreviations, and unique words) are often used throughout the military.** ○ **Nursing implication:** if unsure of a military term or abbreviation the nurse should always ask the service member what the term is. ○ Asking the service member what a particular term or phrase means can strengthen the therapeutic alliance. ○ If military terms are clarified this will help then nurse

	make sure not to miss important information regarding the service member's presenting problem. **<u>Strong Values of Service</u>:** • Acknowledging the value based life of the service member. ○ Many service members consider values daily. ○ **Nursing implication:** Service members should never be judged for his or her actions while serving in a deployed setting. **<u>Solutions Focused:</u>** • Service members are taught how to problem solve given enough time, thought, resources and efforts. • **Nursing implication:** in treatment planning and evaluation the service member's solution-focused mindset can allow collaboration in treatment. **<u>Show No Weakness:</u>** • Strength, emotional control and calmness under pressure are all common characteristics in the military. These characteristics promote stigma. • **Nursing implication**: always address the issue of stigma and reinforce the service member's courage in seeking help. **R**eference**: (Penk & Moore, 2011)**
Objective 1.7. Match commonly used military acronyms/abbreviations and slang terms to definitions.	I. To provide the most effective services, recognition of military jargon is required. Alternatively, the nurse may allow the serviceman to educate him/her (Penk & Moore, 2011): • Identification of commonly used military terms (acronyms, abbreviations, and slang terms). **Acronyms/abbreviations:**

	AWOL – Absent without leave Base – Air Force or Navy installation Camp – Marine Corps installation CO – Commanding officer Down range – Deployed EOD – Explosive ordinance disposal IED – Improvised Explosive Device Kevlar – Helmet made of Kelvar MOPP - Protective gear to be used in a toxic environment MOS – Military operational specialty (Army & Marines) AFSC - Air Force specialty code NEC - Navy enlistment code MRE – Meal ready to Eat Outside the Wire – off the base Inside the Wire – On the base Leave – Off duty (usually vacation) MEDEVAC – Medical evacuation POST – Army installation PX-Post exchange – Shops that operate on the Army installations NEX – Navy exchange SICKCALL – Time allotted to see MD or provider M16 – Military service rifle AOR – area of responsibility R&R – rest & relaxation UCMJ – United States Code of Military Justice OND-Operation New Dawn (peace keeping action not in combat) OIF- Operation Iraqi Freedom OEF- Operation Enduring Freedom * For the nurse it is important to recognize that some terminology is branch and unit specific.

Competency 2: Nurse describes how stigma can affect service members and veterans seeking mental health care.	Many service members do not seek mental health care because of perceived stigma associated with admitting a problem and seeking treatment (Moore & Penk, 2010). Research suggests that veterans report more discomfort in discussing psychological problems than medical problems and report a reduced likelihood of following through with psychological services (Strom et al., 2012). • Stocism is a valued trait and in the military is associated with strength, emotional control and the ability to remain calm under pressure (Penk & Moore, 2011). • Seeking mental health care is considered a weakness post deployment • More than one half of participants believed their career would be affected if they disclosed a psychological problem (Greensburg, 2007). **Definition of stigma:** Soldiers report more discomfort discussing psychological problems than medical problems and are less likely to comply with follow up psychological referrals. **OIF/OEF respondents most often responded to the following after examining perceived barriers:** • Being seen as weak • Being treated differently by unit leadership

	• Fearing a loss of confidence of unit members as obstacles to seeking mental health services • Service members may also be concerned that their careers would be harmed **Identification of the different ways stigma manifests:** • "It would be too embarrassing" • "It would harm my career" • "Members in my unit might have less confidence in me" • "My unit leadership might treat me differently" • "My leaders would blame me for the problem" • "I would be seen as weak" • "Identification" The work of Corrigan and Watson (2002) suggest there are two forms of stigmatization: public and self. **Public stigma** is defined as invalidating and unjustified beliefs about others, whereas **self stigma** is the internalization of these negative beliefs. An individual may be blamed for having a disorder depending on the public's perception of whether or not they have control of their symptoms. Although the public attitudes toward combat related PTSD are not well studied, it is known that PTSD is event-based (only veterans who experience combat are at risk for combat related PTSD) and therefore may be considered a disorder that the service member has control of (Dickstein, Vogt, Handa et. Litz, 2010) .

Objective 2.1. Nurse recognizes 3 factors that prevent veterans from seeking care.	What aspects of military culture may contribute to mental health stigma? Many of the attitudes and beliefs that prepare warriors for battle may thwart help seeking. These attitudes are: • Toughness • Mission focus • Self and group based sufficiency (to ensure combat readiness) (Dickstein, Vogt, Handa et. Litz, 2010) This belief system contributes to the idea that help seeking is a sign of weakness and that strong reliant individuals can "tough out" and problem or injury. I. Factors that prevent veterans from seeking care: • Access to care • Stigma associated with seeking services • Desire to avoid being moved from unit if it recommended to be examined elsewhere (sleep study) • Distrust of confidentiality • Jeopardize a future promotion • Negative attitudes can contribute to stigma (Kim, 2007). (see above focus on attitudes).
Objective 2.2. Nurse identifies 3 strategies to encourage participation in services.	I. Strategies to encourage participation in services • Education ○ "There is little evidence to support that psychoeducation alone is an effective treatment. Targeted provision of information in certain education programs

	the attributes of stigma can be addressed. Greensburg, 2007)." • Protest ○ Expressing disapproval towards those with stigmatizing attitudes. • Contact ○ Contact with people with mental health problems helps address stigma. Reference (Greensburg, 2007). II. Addressing beliefs (fear of treatment & additional barriers) will decrease symptoms of stigma and encourage participation in treatment (Strom et al., 2012). III. Personal Empowerment • Empowerment can support military beliefs and values. Leaders can inform veterans of the damaging effects of stigma and the empowering side of treatment. ○ Improved sleep ○ Relationship satisfaction ○ Returning to normal
Objective 2.3. The nurse identifies 3 strategies related to reducing stigma.	II. Strategies to address self stigma: • Cognitive techniques ○ Psychoeducation (video, online, group based) ○ Cognitive reappraisal -"what evidence do you have that stereotypes are true?" • Personal empowerment ○ Acknowledging the powering side effects

	of treatment (e.g. improved sleep, relationship satisfaction, returning to normal). III. Strategies to reduce stigma: • Education • Protest • Contact (Langston, 2007). • Short-term interventions (Langston, 2007). IV. Normalization • "What you are going through is normal, you are not crazy." • Orientation classes can provide education to normalize what they are going through.
Competency 3: Based on knowledge of military culture, nurse chooses appropriate communication strategies while care for a service member or veteran.	I. During assessment interview and all patient interactions nurse will recognize when to use her/his knowledge of military language in order to **enhance nurse-patient relationship** • Motivational interviewing (Jackupcak et al., 2011). • Ask direct questions (Katz et al., 2010).

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Website:

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http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/MilitaryTerms2.pdf

Seattle University College of Nursing
Department of Defense Grant

MODULE: ASSESSMENT - POST TRAUMATIC STRESS DISORDER (PTSD)

Module Description: The purpose of this module is to develop the nurse's knowledge and skills for PTSD screening, use of assessment tools, modification of the nursing approach and environment if patients with PTSD display signs of heightened anxiety and stress, and referral of patients with PTSD for additional services. By the completion of this module, the nurse will know when and how to screen for PTSD based on patient history and clinical signs and symptoms.

Module Competencies and Objectives	Content Outline
Competency 1: The nurse recognizes when to screen for PTSD. **Objectives:** By the completion of this module, the nurse will: 1.1 Identify common physical, cognitive, emotional, and behavioral symptoms associated with exposure to trauma. 1.2 Align PTSD symptoms with 3 characteristic symptom clusters used to diagnose PTSD. 1.3 Compare and contrast acute, chronic, and delayed stress responses to trauma based on symptom onset and duration. 1.4 Define combat and operational stress. 1.5 Identify factors that influence the severity of combat and operational stress reactions.	I. Signs and Symptoms of PTSD and Other Stress Reactions in Clinical Practice A. Common Symptoms following Exposure to Trauma (VA/DoD, Clinical Practice Guideline for Management of PTSD, 2010) • Physical • Cognitive/Mental • Emotional • Behavioral B. Characteristic Symptom Clusters in Post Traumatic Stress Responses (VA/DoD, Clinical Practice Guideline for Management of PTSD, 2010) • Intrusion or re-experiencing • Avoidance • Hyperarousal C. Symptom Onset and Duration as Differentiating Features of Stress Responses to Trauma. • Acute Stress Response • PTSD • Chronic PTSD • Delayed Onset PTSD D. Features of Combat and Operational Stress • Definition: "The expected and predictable emotional, intellectual, physical, and/or behavioral reactions of service members who have been exposed to stressful

1.6 Given a patient scenario, identify signs of an activated stress response during a physical examination or procedure. 1.7 Select approaches to physical procedures that reduce the risk of activating a stress reaction.	events in war or military operations other than war. • Severity Factors: Combat stress reactions vary in quality and severity as a function of operational conditions, such as intensity, duration, rules of engagement, leadership, effective communication, unit morale, unit cohesion, and perceived importance of the mission. (DoD DHCC). E. Clinical signs of an Activated Stress Reaction • Proxemics and stress reactions: Touch sensitivity associated with a history of trauma, acute stress reactions, and PTSD are apparent when the personal (18" to 4 ft) or intimate (less than 18") space of the individual is invaded (Hall, E.T., 1966). Signs of hyper-arousal or an activated stress reaction or "fight/flight" response include: The startle reflex, wide eyes and dilated pupils, increased rate of breathing, flared nostrils, tensed muscles and body posture, flushed skin, and perspiration • Modify Nursing Procedures based on Recognition of the Proxemics of Stress Reactions: Nurses routinely touch patients in conducting assessments or assisting with physical procedures. Physical procedures require the invasion of personal and intimate space. Unexpected intrusion of the personal or intimate space of a service member with history of trauma, acute stress reaction, or PTSD can provoke a stress reaction called the "fight or flight" response. F. Nursing Approach and Assessment for Patients with PTSD or other Stress Responses. • Anticipating and proactively averting activation of a stress reaction due to touch sensitivity requires modification of physical assessments and procedures to reduce anxiety, increase cognitive awareness and control, and promote coping. Approaches to enhance coping when entering a service member's personal or intimate space include: a) spending time talking at a social space distance (4 feet to 12 feet)and explaining purpose before moving into personal space, b) using touch cautiously and always with forewarning, c) encouraging presence of supportive other during physical procedures, d) giving anticipatory information about what will happen next and what is expected , e) coaching in relaxation and breathing, f) continuously monitoring tolerance and discontinue if high anxiety occurs.
Competency 2: The nurse selects communication skills and responses to facilitate appropriate	II. Therapeutic Communication and Interviewing Skills **(Refer to Communication Module)**

disclosure of symptoms and/or relevant history. (See also Communication Module.) **Objectives:** By the completion of this module, the nurse will: 2.1 Identify verbal responses to promote patient rapport. 2.2 Identify nonverbal responses to promote patient rapport. 2.3 Identify body language associated with distrust or fear. 2.4 Identify body language associated with interpersonal safety. 2.5 Elicit history of trauma exposure using effective interviewing skills. 2.6 Modify interview based on assessment of patient's tolerance for disclosure. 2.7 Identify effects of trauma on current coping. 2.8 Identify patient's coping response to trauma. 2.9 Identify patient's resources for coping with trauma. 2.9 Report/ document 7 components of a mental status examination.	A. Body Language, Rapport, and Interpersonal Safety • The meaning and dimensions of physical space • Body language: What does it communicate about interpersonal safety and emotional response? • Use of body language to convey a therapeutic stance, establish rapport, and create an atmosphere of interpersonal safety. B. Role Respect, and Orientation • Conveying respect for patient's role and culture • Orientation to nurse's role and purpose C. Effective History Taking and Interviewing • Ask about military history **(Refer to Cultural Competence Module)** • Elicit history of trauma exposures (age when occurred, nature, severity, duration, frequency, multiple or concurrent traumas, immediate reaction, coping skills and resources) • Use effective interviewing to engage patient in discussion of trauma • Assess patient's tolerance for disclosure and modify interview when necessary to protect from re-traumatization. • Assess effects of trauma on current coping (relationships, sleep, fatigue, appetite and weight, health problems, work/duty/school functioning). • Assess effectiveness of patient's coping response and/or other remedies used to manage the effects of trauma, e.g. relaxation skills, therapy, medications, substance or alcohol use). • Assess the patient's resources for coping with trauma, e.g. family, social network, church affiliation, recreational activities, housing and financial resources). • Conduct and document 7 components of mental status (appearance, behavior, speech, affect, thought process, thought content, cognitions) (Carlat, D., 2012)
Competency 3: The nurse selects appropriate screening assessments for PTSD. **Objectives:** By the completion of this module, the nurse will: 3.1 Given a patient encounter, identify	III. Ask Specific Questions to Screen for PTSD and Effects on Functioning A. PC-PTSD: A Brief Screen for PTSD The nurse who questions if a patient's presenting symptoms could be related to trauma and PTSD can ask 4 brief screening questions from the PC-PTSD scale to screen for risk of PTSD, i.e. "In your life, have you ever had any experience that was

questions to elicit information about PTSD symptoms. 3.2 Identify appropriate assessment tools to use in screening for PTSD. 3.3 Given the presence of one or more positive responses to initial PTSD screening, select questions that further assess the impact of PTSD on the service member's health and coping.	so frightening, horrible, or upsetting that in the past month you: a) Have had nightmares about it or thought about it when you did not want to? b) Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?, c) Were constantly on guard, watchful, or easily startled?, d) Felt numb or detached from others, activities or your surroundings?" B. Expanded PTSD Assessment A positive response to a PTSD screening question should lead the nurse to inquire about how these symptoms are affecting the service member's health and coping, i.e. "When you experience or try to avoid these thoughts, how does it affect: a) your ability to sleep?, b) your ability to concentrate on tasks that require sustained attention such as work or driving a vehicle?, c) your ability to remember important information and details?, d) your ability to relax and feel safe at home or at work?, d) your ability to communicate with your spouse, partner, friends, and/or children?
Competency 4: The nurse evaluates patient safety and risk for harm to self and/or others. **Objectives:** By the completion of this module, the nurse will: 4.1 Given a patient encounter, select responses to elicit patient's perceptions of his/her current safety. 4.2 Select responses to elicit suicidal ideation, intent, means, and history. 4.3 Select responses to elicit aggressive reactivity and/or history of problems related to aggression. 4.4 Select responses to elicit risk for violence, homicidal ideations, intent, and history.	IV. Assessment of Safety and Risk for Harm A. Evaluate Patient's Current Safety • If trauma exposure is recent (less than 1 month), assess the patient's current safety and determine if trauma is ongoing or threat of trauma continues. B. Evaluate Risk for Harm to Self/Others • Relationship of trauma to increased risk for harm to self/others • Components of a safety risk assessment ○ Approaching the topic of safety ○ Responses to elicit suicidal risk ○ Responses to elicit history of aggressive reactivity and impulsivity ○ Responses to elicit risk for violence, including intimate partner violence ○ Use of substances or alcohol increase lethality potential • Repeat safety assessments during each appointment; safety risks change over time. • Documentation of safety assessment

Competency 5: The nurse identifies appropriate patient referrals based on interpretation of assessments of patient problems and risks. **Objectives:** By the completion of this module, the nurse will: 5.1 Given a patient encounter, select an appropriate referral for a patient who is experiencing PTSD symptoms, health problems, coping deficits, and/or safety risks related to effects of trauma and stress.	V. Interpreting Screening Results: When and How to Refer the Patient with PTSD and related problems with health and/or safety for additional Services **(Refer to Resources and Referrals Module)** A. Medical referrals B. Psychiatric referrals C. Social service referrals D. Crisis services

REVISED
STATEMENT OF WORK
APPENDIX F

This statement of work (SOW) covers the scope, specific goals and conditions for each year of the two year contracted project titled: *Applying Technology to Enhance Nursing Education in the Psychological Health and Traumatic Brain Injury Needs of Veterans and their Families*.

Scope

The primary goal of this proposal deals with identifying gaps in the current knowledge base of nurses regarding knowledge and skill competencies for timely recognition, intervention, and referral of veterans and military personnel with PTSD and TBI. The secondary goal focuses on the development of content for the based for the web-based, post deployment and military specific educational modules that will prepare nurses to identify and initiate mental health interventions or timely specialist referrals for military personnel, veterans and their families based on the results of a comprehensive "gap analysis".

Objectives/Tasks to be Performed

Year 1

1. Hire project personnel.
2. Conduct two site visits with content experts and consultants.
3. Conduct a systematic assessment of the literature and existing inservice education for nurses employed within military settings to determine what evidence based nursing skills and knowledge competencies are essential in the topic areas of PTSD and TBI.
4. Develop a framework focused on the mental health competencies (evidenced based knowledge, skills and interventions) specific to nurses working in military and/or civilian settings who care for military personnel.
5. Identify objectives for the development of the nursing competencies for each educational module.
6. Conduct a gap/discrepancy analysis with project consultants and content experts who will view the afterdeployment.org website content on PTSD and TBI to determine the gaps in nursing knowledge and skill competencies. This analysis will inform the development of the content to fill in the gaps not present on the afterdeployment.org website. The research team from the Department of Defense"s National Center for Telehealth and Technology (T2) Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE) has agreed to assist in conducting the gap analysis and will work together as a collaborative advisory board to evaluate existing curricula, identify gaps, and recommend educational content.
7. Begin revising content for the PTSD and TBI modules based on the gap analysis that will be used in the randomized pilot in year 2 by utilizing content experts and consultants in the areas of instructional design and standardized patient assessments

Year 2

1. Conduct 2 site visits with content experts and consultants.

2. Finalize the content and the patient/nurse/military personnel and their family videos and audio scripts for the PTSD and TBI modules based on the outcomes of the gap/discrepancy analysis.
3. Determine the evaluation process for both the PTSD and TBI modules.
4. Obtain IRB approval to conduct the usability study and the randomized pilot on the revised content in the areas of PTSD and TBI.
5. Begin subject recruitment.
6. Finalize the reliability and validity of the educational intervention modules.
7. Conduct high fidelity (web prototyping) iterative/usability testing on two modules to identify gaps in information, assess user reaction to design issues, and test the navigation elements of the proposed modules.
8. Create the prototype, design some tasks, recruit users (n=9), conduct the evaluation of the prototype and analyze the results.
9. Refine the paper and web prototype and repeat the above process with other participants.
10. Convert 5 of the 11 paper prototype modules into a web based platform (HTML) for pilot testing
11. Conduct a randomized pilot (n=98) to determine short term effectiveness of the enhanced PTSD and TBI modules.
12. Analyze data and submit grant for phase 2 of the project.

Assessing Post Traumatic Stress

Module Description

The purpose of this module is to help you develop knowledge and skills for assessing post traumatic stress and initiating referrals when necessary.

MODULE COMPETENCIES

Upon completion of this module, you will be able to

1. Identify signs and symptoms of post traumatic stress (PTS)
2. Communicate effectively with service members who have experienced trauma
3. Select questions to assess for post traumatic stress (PTS)
4. Evaluate patient safety and risk for harm to self and/or others
5. Initiate referrals based on assessment of health needs

This module will take you approximately ____ minutes to complete. Instructions about exiting and returning

Nurse Competencies: Caring for Service Members with Trauma

This module has 5 parts, each related to one of 5 nurse competencies:

Part 1: Identify Signs and Symptoms of Post Traumatic Stress (PTS)

Part 2: Communicate Effectively

Part 3: Select Questions to Assess for PTS

Part 4: Evaluate Patient Safety

Part 5: Initiate Referrals

Part I
Symptoms

Part 1: Symptoms

Learning Objectives

To identify and refer patients with symptoms of post traumatic stress (PTS), you will:

1. **Identify physical, mental/cognitive, behavioral, and emotional symptoms of PTS**
2. **Recognize how Post Traumatic Stress Disorder (PTSD) is diagnosed**
3. **Align symptoms with 3 characteristic clusters used to diagnose PTSD**
4. **Identify factors that influence the severity of combat and operational stress reactions (COSR)**
5. **Compare and contrast acute, chronic, and delayed stress disorders based on time of symptom onset**

PART 1: Symptoms

OBJECTIVE: Identify Physical, Mental/Cognitive, Behavioral, and Emotional Symptoms of PTS

Exposure to trauma and post traumatic stress (PTS) can result in:

- **physical symptoms**
- **mental or cognitive symptoms**
- **behavioral symptoms**
- **emotional symptoms**

Common Signs and Symptoms of Post Traumatic Stress

PHYSICAL: Chronic pain, migraines, vague somatic complaints, insomnia or disrupted sleep

MENTAL/COGNITIVE: Intrusive thoughts or sensations, nightmares, poor decision-making, poor memory or concentration, confusion

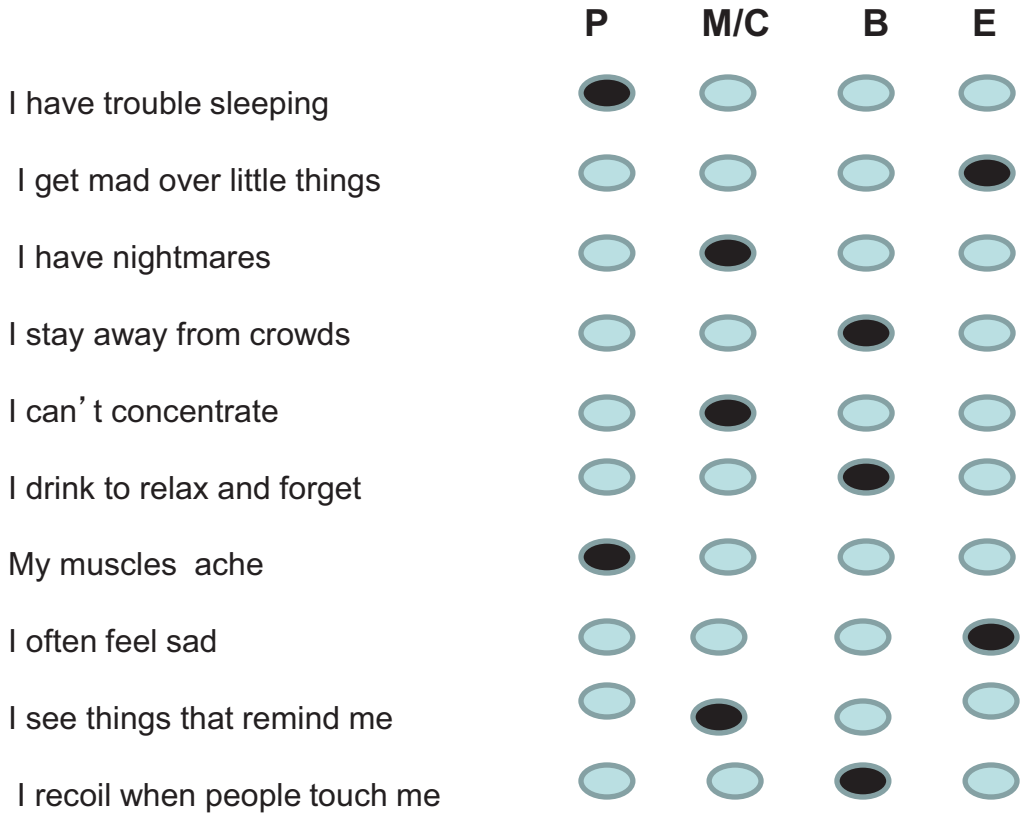
BEHAVIORAL: Drinking more, inability to relax, social withdrawal, emotional outbursts, intensified startle reactions

EMOTIONAL: Anxiety, depression, fear, grief, irritability, loss of emotional control

PART 1: Symptoms

OBJECTIVE: Identify Physical, Mental/Cognitive, Behavioral, and Emotional Symptoms of PTS

Match each of the following phrases with the type of post traumatic stress symptom it represents. Is it an example of physical (P), mental /cognitive(M/C), behavioral (B), or emotional (E) symptoms associated with post traumatic stress? Scroll over key words in the chart to help you recall.



Common Presenting Signs and Symptoms of PTSD

PHYSICAL: Chronic pain, migraines, vague somatic complaints, insomnia or disrupted sleep

MENTAL/COGNITIVE: Intrusive thoughts or sensations, nightmares, poor decision-making, poor memory or concentration, confusion

BEHAVIORAL: Drinking more, inability to relax, social withdrawal, emotional outbursts, intensified startle reactions

EMOTIONAL: Anxiety, depression, fear, grief, irritability, loss of emotional control

Click Here to Check Your Answers

PART 1: Symptoms

OBJECTIVE: Recognize how Post Traumatic Stress Disorder (PTSD) is diagnosed.

Rollover: Diagnosing PTSD is not in the RN Scope of Practice but recognizing the need for referral and evaluation is.

How is a diagnosis of PTSD made?

How is the *Diagnosis* of Post Traumatic Stress Disorder (PTSD) Made?

1. History of Trauma is Present
2. Symptoms in Each of 3 Categories
   - Re-Experiencing
   - Avoidance
   - Hyper-arousal
3. Symptoms Interfere with Functioning

PART 1 Competency: Identify signs and symptoms of PTS

OBJECTIVE: Align symptoms with 3 characteristic clusters used to diagnose PTSD

For a diagnosis of post traumatic stress DISORDER (PTSD), symptoms must be present in each of 3 categories: **Re-experiencing, Avoidance, and Hyper-arousal.**

Match the symptoms with the appropriate category heading.

	Re-Experiencing	Avoidance	Hyperarousal
I have trouble sleeping	○	○	●
I get mad over little things	○	○	●
I have nightmares	●	○	○
I stay away from crowds	○	●	○
I can't concentrate	○	○	●
I drink to relax and forget	○	●	○
My muscles ache	○	○	●
I hear things that remind me	●	○	○
I recoil when people touch me	○	○	●

Categories of Symptoms for a Diagnosis of PTSD

Re-experiencing
- Intrusive memories, images
- Recurring trauma sensations, Flashbacks
- Nightmares

Avoidance
- Avoid activities, places
- Loss of Interest
- Detached
- Restricted emotions
- Gaps in memories
- Drink or use substances

Hyperarousal
- Feel tense and anxious
- Difficulty sleeping
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper vigilant
- Exaggerated startle response

Click Here to Check Your Answers

PART 1 Competency: Identify signs and symptoms of PTS

OBJECTIVE 4: Identify factors that influence the severity of combat and operational stress reactions

Combat and Operational Stress Reaction (COSR) is a common response to stressful events in war or military operations.

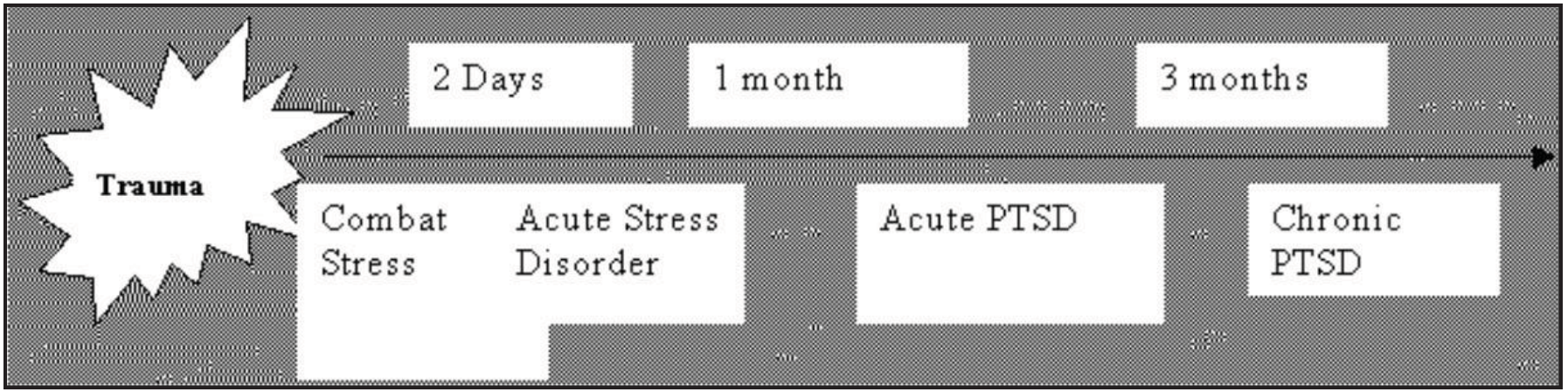
Severity Factors:

- Intensity of the operational conditions.
- Duration of stress exposure.
- Rules of engagement.
- Leadership role and responsibility for others.
- Unit morale and cohesion.
- Perceived importance of the mission.

PART 1 Competency: Identify signs and symptoms of PTS

OBJECTIVE: Compare and contrast acute, chronic, and delayed stress disorders based on time of onset.

TIMELINE of STRESS DISORDERS



From VA/DoD Clinical Practice Guideline, Management of Post Traumatic Stress (2010)
Department of Veterans Affairs, Department of Defense

PART 1: Symptoms

OBJECTIVE 3: Compare and contrast acute, chronic, and delayed stress disorders based on time of onset.

Check your knowledge of the timeline of stress disorders.

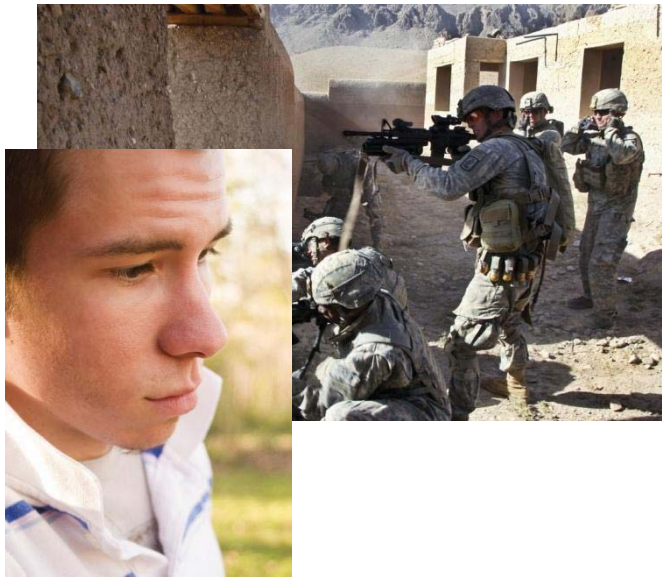
1. During deployment, a service member is engaged in combat resulting in the death of fellow soldiers. He has trouble sleeping for several days but no further symptoms occur until eight months later when he returns home and begins experiencing an exaggerated startle reaction , nightmares, and hypersensitivity to motor vehicle noises that interfere with his functioning. His symptoms after 8 months indicate which stress disorder?

   a. Acute Stress Disorder

   b. PTSD

   c. Chronic PTSD

   d. Delayed onset PTSD



PART 1: Symptoms

OBJECTIVE: Compare and contrast acute, chronic, and delayed stress disorders based on time of onset.

Check your knowledge of the timeline of stress disorders.

1. During the past 5 months, a service member has experienced a volatile temper, inability to relax or sleep, recurring mental images of the blast site, and a sensation of pounding pain in his ears following the explosion of an IED triggered by the vehicle he was riding in. These symptoms are most consistent with which disorder?

   a. Acute Stress Disorder

   b. PTSD

   c. Chronic PTSD

   d. Delayed Onset PTSD

Part 2
Communicate

Part 2: Communicate

Before meeting a patient, it is important to think about the possibility the patient has experienced trauma.

Learning Objectives

To communicate effectively with a service member who has experienced trauma, you will:

1. **Convey verbal and nonverbal behaviors that establish trust, safety, and respect**
2. **Be aware of body language and the appropriate use of physical space and touch**
3. **Recognize early and progressive signs of an activated "fight or flight" stress reaction**
4. **Modify your approach to reduce the risk of triggering a "fight or flight" stress reaction and high anxiety**

PART 2: Communicate

OBJECTIVE 1: Convey verbal and nonverbal behaviors that establish trust, safety., and respect

Communicate Trust and Safety

Knock before entering a patient room

Introduce yourself and your role.

Convey open, unhurried body language

Establish comfortable eye contact

Invite patient questions before asking questions.

Talk before touch.

PART 2: Communicate

OBJECTIVE 1: Convey verbal and nonverbal behaviors that establish trust, safety., and respect

Communicate Respect: An Important Value for Service Members

Ask "How do you want to be addressed?"

Are knowledgeable about the military. Don't assume you know if you have never served

Ask appropriate questions about military service if you do not know

Take statements at face value without judging

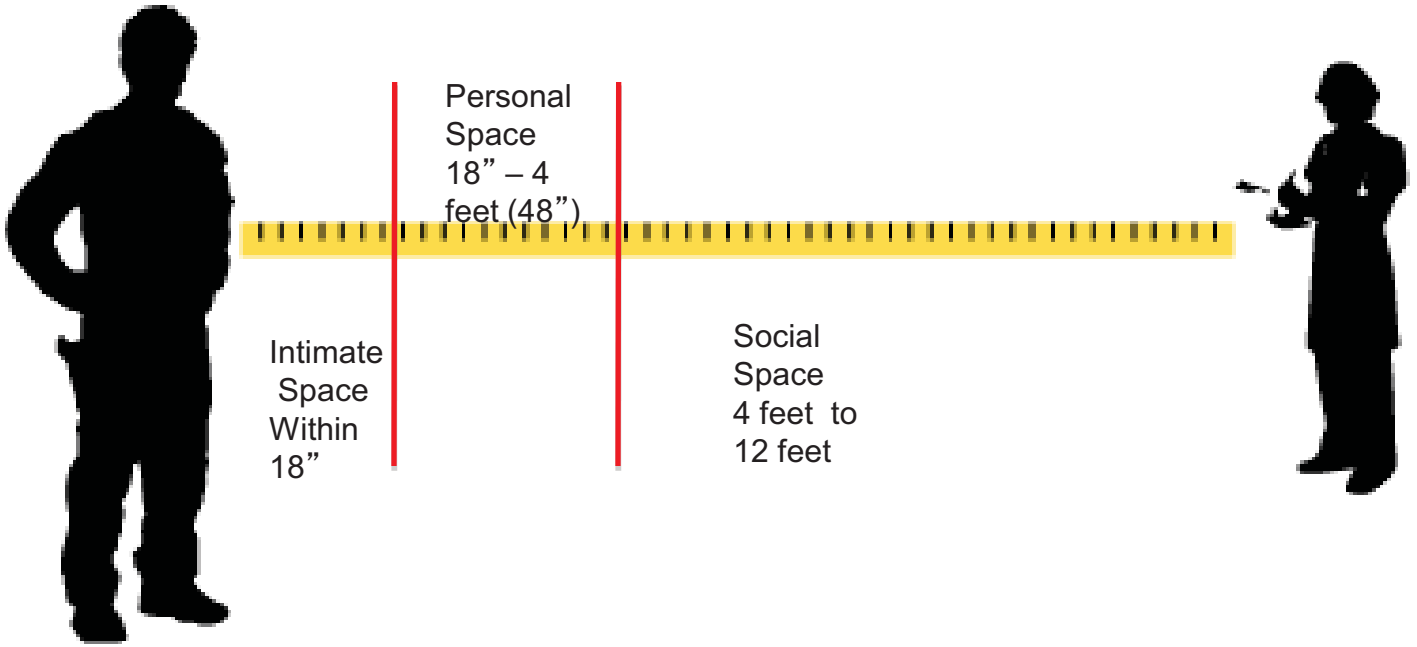
Show respect and, compassion; but never pity

Link to Military Culture Module

PART 2: Communicate

OBJECTIVE 2: Be aware of body language and the appropriate use of physical space and touch.

Dimensions of Physical Space



PART 2: Communicate

OBJECTIVE 3: Recognize early and progressive signs of an activated stress reaction.

Signs of an Activated Stress Reaction:
("fight or flight" response)

the startle reflex

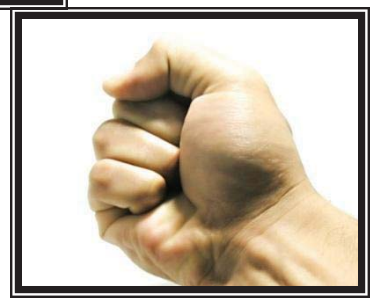
wide eyes and dilated pupils

flared nostrils and increased rate of breathing

tensed muscles

defensive body posture

flushed skin, and perspiration.



PART 2: Communicate

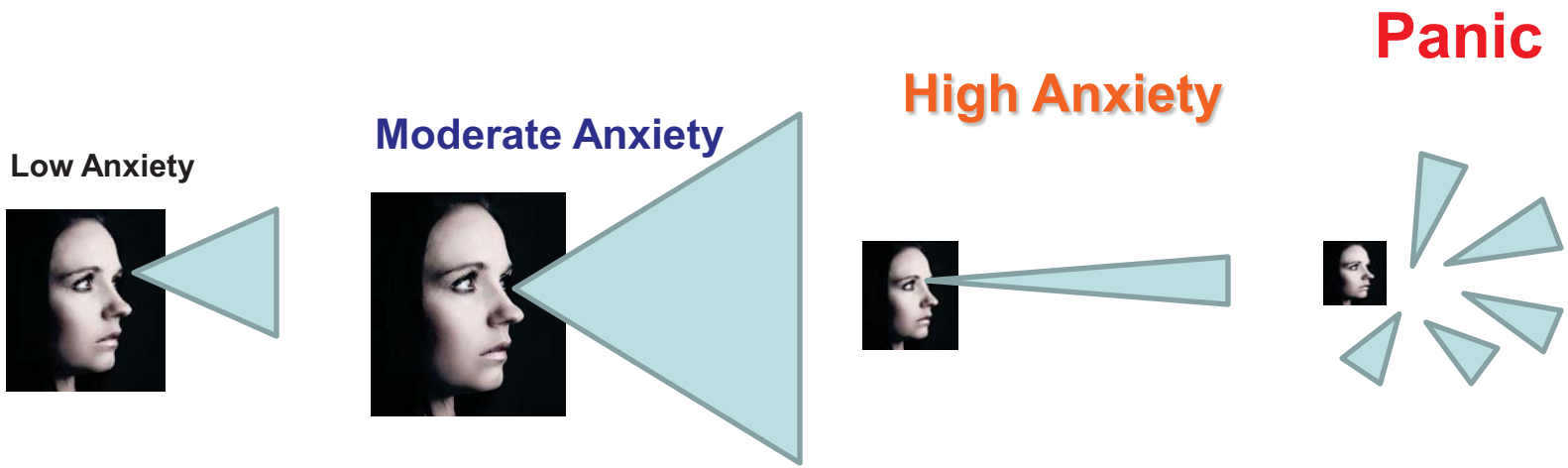
OBJECTIVE 3: Given a patient scenario, identify early and progressive signs of an activated "fight or flight" stress reaction.

Identify the signs of an activated stress response you observe in each of these three videos.

Video #1	Video #2	Video #3

OBJECTIVE 4: Modify your approach to reduce the risk of triggering a stress reaction and high anxiety.

Changes in Perceptions, Self-Awareness, Problem Solving, and Memory as Anxiety Increases



PART 2: Communicate

OBJECTIVE 4: Modify your approach to reduce the risk of triggering a stress reaction and high anxiety .

Proactively modify your approach to physical assessments and procedures. Doing so will help reduce the risk of triggering a "fight or flight" stress reaction and high anxiety.

1. Spend time talking at a social distance (4-12 feet) before moving into personal space
2. Use touch cautiously and always with forewarning
3. Encourage the presence of a supportive other during physical procedures
4. Give anticipatory information about what will happen next and what to expect
5. Coach in relaxation and breathing
6. Continuously monitor tolerance and discontinue if high anxiety occurs

PART 2: Communicate

OBJECTIVE 4: Modify your approach to reduce the risk of triggering a stress reaction and high anxiety.

If the patient's anxiety is high or cognitive processing is compromised, modify your verbal communication and instructions:

Speak slowly

Use clear and direct words

Use short sentences

Repeat simple instructions if necessary

Allow time to respond

Check later for information retention

PART 2: Communicate

OBJECTIVE 4: Modify your approach to reduce the risk of triggering a stress reaction and high anxiety.

View each video. Select the video that displays the best nursing approach to prevent a stress reaction and high anxiety for the patient.

video 4

video 5

video 6

Check answers

Part 3
Questions

Part 3: Questions

Asking questions that invite disclosure of trauma history and symptoms is both a skill and an art.

You will draw from skills you have already learned about creating safe interpersonal space to set the stage for asking questions about Post Traumatic Stress.

Learning Objectives

You will learn to:

1. **Ask questions to assess for PTS, derived from an evidence-based screening tool for PTSD**

2. **Select additional questions to explore the impact of PTS on health and coping**

PART 3: Questions

OBJECTIVE: Ask questions to assess for PTS, derived from an evidence-based screening tool for PTSD.

4 brief questions from the Primary Care PTSD Screening Tool (PC-PTSD)

In your life, have you ever had an experience that was so frightening or horrible that you:

1. Had **nightmares** about it or **thought about it** when you did not want to?

2. Tried **hard not to think** about it or went out of your way to **avoid situations** that reminded **you** of it?

3. Were **constantly on guard**, watchful, or easily startled?

4. Felt **numb or detached** from others, activities, or your surroundings?

PART 3: Questions

OBJECTIVE: : Ask questions to assess for PTS

Here's a chance to practice selecting questions about post traumatic stress.

A patient complains about problems with sleep.

Select the question that explores for symptoms of Post Traumatic Stress.

a. Do you drink caffeine within 2 hours of trying to fall asleep?

b. Do nightmares about frightening events in your life interfere with sleep?

c. Do worries about events of the day prevent you from sleeping?

d. What remedies have you tried to help you sleep?

PART 3 Competency: Select Questions to Assess for PTS

OBJECTIVE: Ask questions about PTS

A patient complains about feeling tense and unable to relax.

Select the question that explores for symptoms of Post Traumatic Stress.

a. Do you feel tense all the time or only in certain situations?

b. What do you do for relaxation and stress relief?

c. Have you experienced an event so frightening that you feel constantly on-guard?

d. Do problems at home and at work contribute to feeling stressed?

PART 3 Competency: Select Questions to Assess for PTS

OBJECTIVE: Select additional questions to explore the impact of PTS on health and coping.

Before you proceed to learn about additional questions to ask, take a few minutes to ***reflect*** about the symptoms of Post Traumatic Stress and how they might affect the service member's life and relationships. .

Nurses may also have experiences with trauma. If this exercise triggers intense emotions for you, seek out a friend to talk with and click on this **link to resources.**

PART 3 Competency: Select Questions to Assess for PTS

OBJECTIVE: Select additional questions to explore the impact of PTS on health and coping.

Follow up questions about Post Traumatic Stress symptoms should draw out further information about how these symptoms affect the patient's health, coping, and relationships.

For Example:

When you try to avoid thoughts or reminders of your frightening experience, how does it affect . . .

- ✓ Your ability to sleep?
- ✓ Your ability to concentrate or sustain attention at work or when driving?
- ✓ Your ability to remember important information or details?
- ✓ Your ability to relax?
- ✓ Your ability to feel safe at home or at work?
- ✓ Your ability to communicate with your spouse, partner, children, friends, or co-workers?

PART 3 Competency: Select Questions to Assess for PTS

OBJECTIVE: Select additional questions to explore the impact of PTS on health and coping.

Here's a chance to practice selecting questions about the impact of Post Traumatic Stress on coping.

Alex tells you he often wakes up from nightmares. He can't remember when he last got a good night's sleep and he feels exhausted and tense.

Select the answer that explores the **emotional effects** of Post Traumatic Stress on patient health and coping:

a. Have you felt anxious or fearful without knowing why?

b. Do you have trouble making decisions?

c. Do you feel dizzy, lightheaded, or does your heart race?

d. Have you been avoiding social situations?

PART 3 Competency: Select Questions to Assess for PTS

OBJECTIVE: Select additional questions to explore the impact of PTS on health and coping.

Alex acknowledges he often awakens from nightmares. He can't remember when he last got a good night's sleep and he often wakes up feeling exhausted and tense.

Select a follow up question that explores the **behavioral effects** of Post Traumatic Stress on patient health and coping:

a. Do you experience headaches, pain, or fatigue?

b. Do you startle easily to noises in your surroundings?

c. Do you sometimes feel spacey or "out of it" at work or at home?

d. Do you feel sad on more days than not?

Part 4
Safety

Part 4: Safety

In this module you will develop more extensive interviewing skills to asses patient safety and evaluate a patient's risk for harm to self or others.

Learning Objectives

You will learn to:

1. **Identify the connection between post traumatic stress, aggression, and depression**
2. **Select responses to assess safety**
3. **Select responses to assess risk for suicide**
4. **Select responses to assess risk for violence and harm to others**

PART 4: Safety

OBJECTIVE: Identify the connection between post traumatic stress, aggression, and depression.

PTS and Risk for Harm to Self or Others: What's the Connection?

Hyperarousal ➡ On Guard Against Danger and Threat ➡ Risk for Aggression

Recurrent Hyperarousal ➡ Emotional Exhaustion and Avoidance ➡ Depression

Depression and Aggression increase the Risk for Suicide and Violence

http://www.afterdeployment.org/topics-depression

Notice the links to self-assessments for depression and treatment options on this website

PART 4: Safety

OBJECTIVE: Select responses to assess safety.

Trauma comes in many forms. Trauma is not always something in the past.

If the patient remains in an environment where trauma exposures have occurred, it is important to assess the potential for continuing safety risks or re-exposure to trauma.

ASK:

Are you concerned about your safety?

How often have you worried about your safety or the safety of others in the past month?

Safety is not a "one time" assessment!

Ask, and Ask Again!

PART 4: Safety

OBJECTIVE: Select responses to assess safety

What if my patient IS having thoughts about suicide? What would I do then?

Do you feel uncomfortable talking with patients about the topic of safety and risk of harm to self and others?

This is a Normal Reaction but as a Nurse,

YOU can learn to break-through this

Conspiracy of Silence to help your patients.

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.

Examples of passive suicidal thoughts:

"Sometimes I wonder if life is worth living."

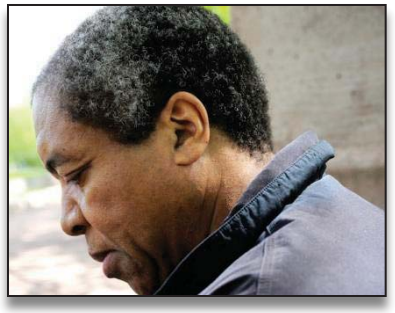
"If I just went to sleep and didn't wake up it would be easier than facing this."

"I have thought about suicide, but I would never actually do it."

Even passive thoughts of suicide should be explored in detail. This might be the ONLY clue you get!

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.



Suicide Risk Factors in the Civilian World.

- Male = more completed suicides (Women =more attempts)
- Age less than 19 or older than 45. Older males highest risk
- History of suicide attempts
- A specific plan for suicide.
- Access to lethal means.
- Rehearsal of suicide plan (practicing the steps)
- Other medical and psychiatric problems.
- Alcohol or substance use

PART 4 Competency: Evaluate Safety and Risk for Harm to Self and Others

OBJECTIVE: Select responses to assess risk for suicide.

The acronym "SAD PERSONS" can help you remember Risk Factors for Suicide (Patterson, 1993)

SAD PERSONS Risk Factors

Sex (male)
Age (less than 19; greater than 45)
Depression

Previous attempts or psychiatric care
Excessive alcohol or drug use
Rational thinking loss; confusion, dementia or psychosis
Separated, divorced, or widowed
Organized plan – Specific means, lethal, & available
No social support; proximity of help is unlikely
Sickness; chronic illness or health problems – medical or psychiatric

Rate the severity of suicide risk by assigning 1 point to each risk factor in the **"SAD PERSONS"** list:

1-2 points = Low Risk
3-5 points = Moderate Risk
7-10 points = High Risk

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.

Suicide Risks Specific to Service Members

Disconnection from civilian world and relationships

Multiple deployments

Enlisted rank

Recent marriage or intimate relationship failure

Perception of self as a burden

Co- Existing PTSD, TBI, Depression or Catastrophic Loss

Reintegration Stress

http://afterdeployment.org/blogs/expert/suicide-battle-all-us
http://i.cdn.turner.com/cnn/2008/images/05/29/aser.redacted.pdf
(Army Suicide Event Report, 2008)

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.

Military Approved Steps for Suicide Prevention

A.C.E

Ask the Service Member about Suicidal Thoughts
Care for the Service Member
Escort the Service Member

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.

Test Your Knowledge of Risk for Suicide. Identify risk factors for the patient in this scenario:

Craig and his wife divorced 3 months ago. After Craig returned from his 2nd deployment they didn't seem to have much in common. Craig doesn't enjoy social activities and says he doesn't feel part of civilian life. Since the divorce Craig has been angry and depressed. He is drinking more "just to make my mind stop playing things over and over".

Craig has no history of suicide attempts or psychiatric problems, but he has thought about suicide. He says, "There isn't much to keep me here. I don't have kids and my parents died years ago. I lost good friends in Afghanistan." When asked if he has a plan for suicide, Craig says "Everyone thinks about suicide as a way out but I'm a religious person and I wouldn't actually do it." He denies a plan for suicide.

Identify the risk factors that apply to Craig?

- [x] **Recent failure of an intimate relationship**
- [x] **Reintegration stress after multiple deployments**
- [x] **Recent increase in alcohol use**
- [ ] **Has a specific suicide plan**
- [x] **Feels angry and depressed**
- [x] **Feels disconnected from civilian life**

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide and/or violence.

QUESTIONS TO ASSESS RISK FOR SUICIDE OR HARM TO OTHERS

Department of Veterans Affairs, National Center for PTSD (2010)

Have you had any concerns about possibly harming yourself because life doesn't seem worth living right now?

1. Have you ever thought about acting on these feelings?
2. Are there times when you are afraid that you will act on these feelings?
3. Have you ever tried to act on feelings like this in the past?
4. Do you have a plan for how you would harm yourself or someone?
5. Do you have access to weapons?

Concerned about the patient? REFER for mental health services.

At high risk for suicide or violence? CALL 911 or Escort to Emergency Department.

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.

Test your knowledge of responses to assess risk for suicide.

Andrew appears sad and depressed . He has had three deployments over 5 years and says he has seen some things he wishes he could forget. He is in rehab for a traumatic brain injury and is seen today for evaluation of hypertension. During the intake, Andrew casually says, "I don't know why everyone is so concerned about my blood pressure . What's the point anyway ?"

Select the best response in follow up to Andrew's statement:

a. Did you know that hypertension can cause damage to blood vessels that keep organs healthy?
b. Are you worried about side effects? There are several new medications for hypertension.
c. It sounds like you are feeling hopeless. Have you had thoughts that life isn't worth living?
d. That 's a pessimistic statement. You haven't been thinking about ending it all, have you?

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.

Test your knowledge of responses to assess risk for suicide.

Susan is being evaluated for complaints of insomnia. She appears disheveled and preoccupied. Her history indicates she returned from deployment 2 months ago and has been having recurrent nightmares that interrupt her sleep. When you ask how she is feeling today, Susan says, "Honestly, I don't think you want to know." You assure her you are concerned about her feelings and ask if she has been feeling depressed. She states, "I feel so depressed and discouraged right now that I don't think I can keep going."

Select the best response in follow up to Susan's statement:

a. Have you had thoughts of suicide?
b. Let's talk about ways you can cope until you start feeling better.
c. It's understandable that you feel discouraged if you aren't able to sleep. We can help you .
d. Think about all you have been through. You are a strong person and you will get through this too.

PART 4: Safety

OBJECTIVE: Select responses to assess risk for suicide.

Suicide Prevention and Coping with Suicide Resources for Service Members, Veterans, and Families

National Suicide Prevention Lifeline 1-800- 273-TALK (8255)

http://suicidepreventionlifeline.org

SuicideOutreach.org

http://www.suicideoutreach.org

Self-Check Quiz with Counselor Follow-up

https://www.vetselfcheck.org/welcome.cfm

DHCC Clinicians Helpline: 1-866-559-1627

PART 4: Safety

OBJECTIVE: Select responses to assess risk for violence and harm to others

Feelings of anger and rage can co-exist with feelings of depression.

Explore the risk for violence in the same calm and direct manner as you assess for suicide.

What if my patient is at risk of harming someone else or has violent thoughts? What would I do then?

PART 4: Safety

OBJECTIVE: Select responses to assess risk for violence and harm to others

QUESTIONS TO ASSESS RISK OF HARM TO OTHERS

1. Have you had concerns about your safety or the safety of others?
2. Have you ever worried you might lose your temper and hurt someone?
3. Are there times you are afraid you will act on these thoughts and feelings?
4. Do you have thoughts about revenge that are difficult to control?
5. Have you ever acted on these thoughts or feelings in the past?
6. Do you have a plan or thoughts about how you would hurt someone?
7. Do you have access to weapons?

PART 4: Safety

OBJECTIVE: Select responses to assess risk for violence and harm to others

Test your knowledge of responses to assess risk for violence toward others.

During his intake interview, 36 year old Karl startles and becomes physically tense when the nurse accidentally drops her clipboard. The nurse notices his clenched fists and apologizes for the accident, but then uses this opportunity to ask Karl if he experiences these reactions often to unexpected noises. Karl acknowledges, "I've got a short fuse since coming back from my deployment."

Select the **best** response in follow up to Karl's disclosure:

a. Don't worry about it. Hypersensitivity to noise is a normal reaction after being in combat.
b. You do seem tense. Do you experience muscle pain or other physical symptoms of stress?
c. Have you worried about this short fuse causing problems at home or with others?
d. These are signs of a stress reaction. Would you like to learn how to relax?

PART 4: Safety

OBJECTIVE: Select responses to assess risk for violence and harm to others

Test your knowledge of responses to assess risk for violence.

While checking 30 year old Mary's blood pressure, the nurse notices a large bruise on Mary's upper arm. Mary immediately explains, "I was just clumsy and fell the other day. It's not a problem."

Select the **best** response in follow up to Mary's statement:

a. Accidents can happen but I don't think this bruise was an accident. Tell me who hurt you Mary?
b. I'm concerned about you Mary. Do you have any reason to worry about your safety?
c. Let's talk about how you and your husband have been getting along since you got home.
d. I hope you feel comfortable enough to talk to me if you are ever worried about your safety Mary.

PART 4: Safety

OBJECTIVE: Select responses to assess risk for violence and harm to others

Key Points about Safety

Determine if anyone is in imminent danger

Threats of harm to self or others over-rides the right to confidentiality.

Call 911 or escort to the emergency department if the patient is at imminent safety risk

Nurses are mandatory reporters of assessed or suspected physical abuse

Do you know your agency's safety policies?

Part 5
Referral

Part 5: Referral

In this module you will learn to initiate referrals based on your assessments.

Learning Objectives

You will learn to:

1.Identify the nurse's role in initiating referrals
2.Select an appropriate referral for a patient experiencing PTS symptoms and/or safety risks

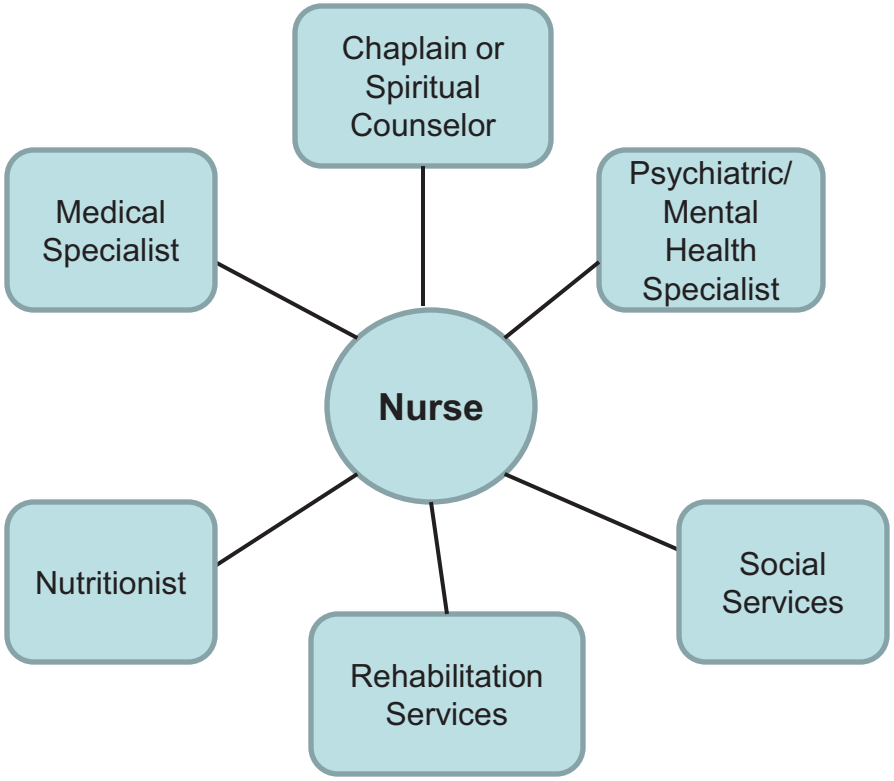
PART 5: Referral

OBJECTIVE: Identify the nurse's role in initiating referrals.

Initiate a referral when the patient's problems go beyond the nurse's scope of practice, knowledge, or experience

PART 5: Referral

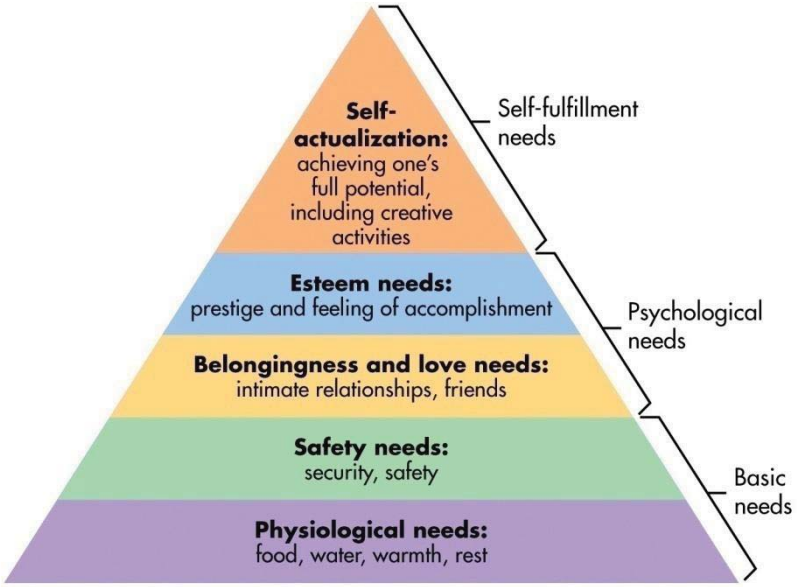
OBJECTIVE: Identify the nurse's role in initiating referrals.



PART 5: Referral

OBJECTIVE: Select an appropriate referral for a patient experiencing PTS symptoms and/or safety risks.

Maslow's Hierarchy of Needs: A Framework for Prioritizing Referrals



PART 5: Referral

OBJECTIVE: Select an appropriate referral for a patient experiencing PTS symptoms and/or safety risks.

Test your knowledge about prioritizing referrals . Select the best response.

25 year old Julie is seen for complaints of insomnia and fatigue of one month duration. During the intake, the nurse identifies that Julie has lost 10 pounds in one month , has a pulse of 45, and orthostatic blood pressure changes. Through interviewing the nurse learns that Julie has felt anxious and unable to relax since returning home from deployment 3 months ago. Julie confides that her 4 year old has been whiney and clingy since she returned home and his constant need to touch her is almost intolerable. Her husband doesn't understand why she is always irritable and on edge, and they have been arguing more in the few weeks. The nurse also learns that Julie had a history of anorexia nervosa at age 16 and she has been skipping meals. What is the highest priority referral for Julie?

a. A medical evaluation at an eating disorder clinic.
b. Individual psychotherapy at the mental health clinic.
c. Marital counseling at the family services center.
d. A military mothers support group.

PART 5: Referral

OBJECTIVE: Select an appropriate referral for a patient experiencing PTS symptoms and/or safety risks.

Test your knowledge about prioritizing referrals. Select the best response.

19 year old Jeff is seen for complaints of stomach cramps and symptoms consistent with irritable bowel syndrome. During the intake, the nurse learns that Jeff returned home one month ago after deployment . He shuts down when the nurse asks about symptoms of PTSD and depression, stating, "Its nothing I can't handle". The nurse puts her pen down and talks directly to Jeff, expressing empathy for how difficult his life is right now. Jeff confides he doesn't have anyone to talk to since he broke up with his girlfriend a week ago, stating, "We were always fighting. I got a little physical and it scared her." When asked about his safety, Jeff says, "I've thought about just ending it all. I really can't think of a good reason not to." Jeff lives alone and has access to a firearm. What is the highest priority for Jeff?

a. Referral to a gastroenterologist .
b. Education about anger management .
c. An appointment for individual psychotherapy.
d. An immediate escort to the emergency department for a safety evaluation.

PART 5: Referral

OBJECTIVE: Select an appropriate referral for a patient experiencing PTS symptoms and/or safety risks.

7 Components of an Effective Referral:

1. Patient engagement to increase follow through
2. Patient education about reasons for referral
3. Written releases for exchange of health information
4. Clarity of assessments communicated to specialist
5. Documentation of referral process
6. Problem solve barriers to follow through
7. Follow up to assure services are received

Putting It All Together:

Video of nurse-patient encounter that includes all components, 1 through 5

End of Module